

FINANCIAL INFORMATION		
Total cost of the work/service you wish us to fund. Please attach a project or organisational budget (whichever is applicable)		
Amount Requested:		
You should request a contribution towards the total costs of the work/service. Please specify which element you would like the Trustees to consider:		
Details of other funding applications made for this work/service:		
Name of organisation applied to:	Amount applied for:	Status of application: i.e. level of funding secured/unsuccessful/pending

Please give details of two independent referees (please note your referees may be contacted within two weeks of receipt of your application)	
Name:	Name:
Address:	Address:
Tel:	Tel:

- Please use this checklist to ensure you have included the following.
- A fully completed application form and budget
 - Audited accounts (**annual income must be under £150,000**) no more than 10 months old
 - An income and expenditure budget for the current financial year
 - A job description (if applying for funding for an existing post)
 - Additional information, not exceeding two A4 sheets, if you would like to provide this
 - Please tick this box and sign where indicated to confirm that all staff working with the client group concerned have had appropriate (i.e. to the correct level) and satisfactory checks through the **Criminal Records Bureau**. If your organisation is exempt from these checks (i.e. does not work with a vulnerable client group) please confirm this in writing.

I confirm the above statement is true and that all information provided in this application is correct:

Signature: _____ Date: _____

Please return your completed application to : **The Henry Smith Charity**
Applications – Small Grants 6th Floor 65 Leadenhall Street London EC3A 2AD

We reserve the right to share the details of grant applications with other grant makers unless an applicant expressly indicates otherwise when applying