**YMCA METROPOLITAN REGION**

**TRUST FUND**

***Funding Application Form***

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| Name of Association: |
| Is this Association affiliated to YMCA England and Wales? Yes/No |
| Contact Person (name/designation): |
| E-Mail:  | Tel: |
| Description of the project: |
| Project financial information: |
| Total project cost: | Amount requested from the Fund: |
| Amount(s) sought/obtained from other sources. Please give details: |
| *Excluding Greater London YMCAs* - Is there a YMCA Trust Fund which covers your area, and if so, have you applied to them? What was the result? If not applied, why? |
| Minimum amount required to ensure that the project goes ahead: |
| Date on which the payment is required: |
| Total Association turnover for the last financial year: |
| Surplus/deficit for the last financial year: |
| Have you previously applied to the Regional Trust Fund? Yes/NoIf yes, please give details including the result of the application(s): |
| How will the project (if ongoing) be funded/maintained in the future? |
| Any other information to assist the Trustees in their consideration of this project, e.g. if not covered above, the numbers of (young) people anticipated to benefit from the project/anticipated outcomes/etc.: |
| If successful in receiving funds, the Trust may like to use the information on your project to further promote its work. Do you agree for your project, if funded, to be featured in such as the Trust Fund website? Yes/No |
| Signed: | Date: |
| If successful, please provide details of how payment should be made to you Bank credit transfer preferred. Otherwise to whom should cheque be made payable?Bank:Sort Code:Account Number:Account Name:Any reference to identify grant: |

Please complete and return this form **with a copy of your Association’s most recent audited accounts** to Neil Sherringham, Secretary to YMCA Metropolitan Region Trust Fund at NeilSherringham@gmail.com