



Trust Administrator:  
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The Onaway Trust  
275 Main Street  
Shadwell Leeds  
West Yorkshire  
LS17 8LH  
United Kingdom

Reference number: \_\_\_\_\_ (for office use)

## Fund Application Form

(All sections of the application form must be completed. Please type/write clearly using black ink.)

### 1. Organisation Information

Organisation name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone (Country code): (\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Name of main contact: (Mr./Ms.) \_\_\_\_\_

Job title: \_\_\_\_\_

Telephone (Country code): (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Is your organisation a registered charity: Yes \_\_\_ No \_\_\_

Registered number (If yes): \_\_\_\_\_

Date established: \_\_\_\_\_ Total staff: \_\_\_\_\_

The organisation's mission: \_\_\_\_\_  
\_\_\_\_\_

Total income last year (in British pounds, £): \_\_\_\_\_

Total expenditure last year (£): \_\_\_\_\_

Please provide details of the three largest funders over the past 2 years and amount (£)

Name: \_\_\_\_\_ Amount (£): \_\_\_\_\_

Name: \_\_\_\_\_ Amount (£): \_\_\_\_\_

Name: \_\_\_\_\_ Amount (£): \_\_\_\_\_

Please attach a  
recent colour picture  
of the contact staff

Two referees outside the organisation:

Names: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Names: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **2. Summary Project Information**

Project title: \_\_\_\_\_

Objective of the project: \_\_\_\_\_

Benefit bodies: \_\_\_\_\_ Estimated people to be benefited: \_\_\_\_\_

Start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

Project location: \_\_\_\_\_

Estimated Distance from main town: \_\_\_\_\_ (km) town name: \_\_\_\_\_

Co-operated body (s) or alliance organisation (s): \_\_\_\_\_

Whole project budget (£): \_\_\_\_\_ Amount requested (£): \_\_\_\_\_

Timeline for use of funds: from \_\_\_\_\_ to \_\_\_\_\_

### **3. Statement of the Applicant**

I confirm that the information in this application form is correct.

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Signature of the Executive Director (Print name)

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Signature of the staff member responsible for application (Print name)

Organisation Seal:

Date: \_\_\_\_\_

Please send the application form enclosed with one A4 page project description to **275 Main Street Shadwell Leeds LS17 8LH West Yorkshire United Kingdom.**

All information will remain in strictest confidence for the purpose of fund application appraisal by the Onaway Trust personal only.

Referees may be contacted to determine the validity of this application.

We will consider the application by the board of trustee committees.

Unfortunately, due to large numbers of proposals received each year, we cannot contact all applicants. Only short-listed applicants will be contacted and asked for further information.