



BARCHESTER HEALTHCARE  
FOUNDATION

**APPLICATION FOR ORGANISATIONS/ CHARITIES**

**‘Making a difference to the lives of older people and other adults with a physical or mental disability’**

Before filling in this form please read our grant guidelines carefully – it gives good advice of whom and what we fund, helping save you time. Alternatively, you can access further information on our website [www.bhcfoundation.org.uk](http://www.bhcfoundation.org.uk) or speak to one of our administrators on 0800 328 3328.

All fields marked with \* **must** be completed fully to enable us to process your form.

SECTION A – CONTACT DETAILS	
*Title	
*First Name	
*Surname	
*Job Title	
*Organisation/ Charity Name	
Charity Registration No.	
*Address	
*Postcode	
*Contact Tel.	
Email Address	
SECTION B - APPLICATION DETAILS	
*About your organisation/ charity  Tell us as much as you can about your objectives and the members/ users who will benefit from a grant.	
*What funding is needed for?  What is the money for? Tell us how you will spend the grant and what difference it will make to your members/ users.	

<b>SECTION C – FINANCIAL DETAILS</b>		
<b>*Have you tried to access funding from statutory services or your local authority?</b>	Yes	No
<b>Why are they unable to help?</b>  Please include written confirmation where possible.		
<b>*Cost breakdown</b>  Please give us as much detail as possible, ensuring that your figures tally correctly.  Where available we like to see quotes from your supplier or service provider.		
<b>Have you applied to other charitable trusts?</b>  If so please list them and the amount(s) of money requested.		
<b>Other sources of funding secured?</b>  If so please list them and the amount(s) of money.		
<b>*Amount of money requested from us?</b>	£	
<b>SECTION D – ADDITIONAL INFORMATION</b>		
<b>Anything you think that the Trustees should know before making their decision?</b>  Please enclose any supporting information at the end of the application. <a href="#">[Please upload any supporting docs here]</a>		
<b>SECTION E – ANNUAL ACCOUNTS</b>		
<b>Have you enclosed a copy of your annual accounts where possible?</b> <a href="#">[Please upload any supporting docs here]</a>		
<b>SECTION F - REQUIREMENTS</b>		
<b>*If allocated funding we ask all grant recipients to let us know how our contribution has helped them. Do you understand our terms and conditions and agree to provide feedback?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Signed.....	

**Please make sure that you check your form thoroughly using our guidelines and are happy to accept our terms and conditions**

**Please return your completed application form and any enclosures to:**

Grants Administrator  
 Barchester Healthcare Foundation  
 Suite 201, The Chambers  
 Chelsea Harbour  
 London  
 SW10 0XF

We aim to respond to all applications within 10 weeks. Please note that we are not able to acknowledge receipt of postal applications.