Grant application form.

Section 1: Contact details



*Please note current audit clients of PEM are not eligible for these grants.

Title*:	First name*:	Surname*:
Email*:		Telephone*:
Position in organisati	on*:	
Section 2 Full name of organisa	: Organisation detail	ls
Street address*:		
Town/City*:		County*:
Postcode*:		Organisation's website*:
Charity registration n	number*:	Year-end date of latest available financial statements*:
Full name of Trustee	1*: (must be a bank signatory)	Full name of Trustee 2*: (Bank signatory is preferable)

Brief summary of your organisation (aims, activities, key developments etc.)*: (maximum 200 words)

Brief summary	y of your	organisation's current funding sources*: (maximum 200 words)
Sectio Project title*:	n 3:	Project details
Brief summary	y of the I	project and its impact*: (maximum 200 words)
Dlease evolain	how yo	u will use the PEM Charitable Trust funding for this project*: (maximum 200 words)
ricuse explain	i now yo	a will use the Ferr chantable must running for this project. (maximum 200 words)
If you are requ costs related to to a specific project	to this sp	unding to cover (wholly or partially) general overhead costs of the Charity, I confirm these are incremental pecific project*: (Reminder, general overhead costs [E.g., salaries, rent etc.] only qualify for funding when they are incremental costs related
Yes	No	Not applicable

If yes, please briefly explain how these general overhead costs are incremental costs related to this specific project (if applicable)*: [E.g., the salary for a new member of staff who has been recruited specifically for the purposes of the project, the rent for a new venue used for to purposes of the project etc.] (maximum 200 words)		
Please state the location(s) at which your project will be taking place*: (Reminder, this must be within Cambridgeshire to qualify for funding)		
Please state the needs/issues within this area that the project aims to address and explain how this will be achieved*: (maximum 300 words)		
Please state who the beneficiaries of this project are*:		
Please state approximately how many people will benefit from the project*:		
Please list the key outcomes that you aim to achieve from this project and how you plan to monitor and evaluate these outcomes*: (maximum 200 words)		

Please explain why your charity is well placed and qualified to deliver this work*: (maximum 200 words)				
Section 4: Project final	nces			
Please state the total project cost*:	Please state the total amount of funds already raised for this project to date*:			
Please provide details of all grants received from ((if applicable)*:	Government bodies and/or other charitable foundations for this project			
(ii applicable) .				
Confirmation of grant amount being requested (m	aximum £2,000)*:			
Castion F. Other				
Section 5: Other				
Please provide any further information that you we	ould like to share with us to support your grant application:			
Where did you hear about the PEM Charitable Trus	st*:			
Please state any other ways the firm could support	t you: (such as notepads or pens, office equipment) or sharing the opportunity with our staff to apply to be a			
rustee etc.	(such as notepads of pens, office equipment) or sharing the opportunity with our start to apply to be a			
We would be grateful to receive your feedback to	help us improve our grant application process:			

For the below questions, please attach these documents in your email to us along with your application form:

Copy of the Charity's latest signed financial statements*

Copy of the project budget (Optional)

Any other published materials that would support your grant application (Optional)

Are you a current or past PEM client?*

Yes, current

Yes, past

No

