Hidden Needs Trust (HNT) Charitable Grant Application Form

 Name of beneficiary: ………………………………………………………………………………..

 Address: ………………………………………………………………………………………………….

 ………………………………………………………………………………………………….

 Contact name: ………………………………………………………………………………………..

 Contact number: ……………………………………………………………………………………..

Email address: …….…………………………………………………………………………………..

Please give details of how funds will be used:

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Additional information where funding is to be used for a specific project:

Name of project? ……………………………………………………………………………………………………………………

Aim of project? ………………………………………………………………………………………………………………………

Beneficiary of project? ……………………………………………………………………………………………………………

What is the overhaul estimated cost of the project? …………………………………………………………………..

What is the estimated start and finish dates of the project?.................................................................

Will HNT Trustees be able to view, receive updates on the project? ……………………………………………

Name: …………………………… Signature: ………………………… Position if applicable: …………………………

Please return completed application form to:

Hidden Needs Trust

Halfway House Farm

Yeovil Road

Sherborne

DT9 4PX

Alternatively email to: hnt.sen@btinternet.com

**Please note closing date for applications is January 31st 2021**

**Terms and Conditions:**

* Grant applications are welcomed from individuals, groups and charities in Dorset and Somerset; each will be considered on their individual merits by the HNT trustees.
* Additional information may be request by the HNT trustees.
* All funds granted must be to the benefit of those affected by Special Educational Needs; aged 25 years and below.
* Proof of how funds are spent will be required by the HNT trustees.
* Grant applications received after the closing date may be considered during the following year.
* HNT Trustees decision will be final. Applicants will be notified of their outcome during the first week of March 2021.

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| For HNT use:  Date application received: Outcome:Date applicant notified: Notified by: Email/Letter/Phone (delete as req)Date grant paid: |