



ORGANISATION APPLICATION FORM

LIFE WITHOUT LIMITS FUNDING PROGRAMME

Organisation Application Form

Please read the **Life Without Limits Funding Guidelines** that can be found on our website carefully before completing this application form.

If you need this form in an alternative format, please contact us using the details on the back page.

Please answer all questions.

1. Organisation Details

Name:

Mailing Address:

Website Address:

Main Contact Name:

Email Address:

Contact Number:

Please provide a brief description of your organisation:

**LIFE
WITHOUT
LIMITS**

What are your objectives and goals?

What services do you provide to the community?

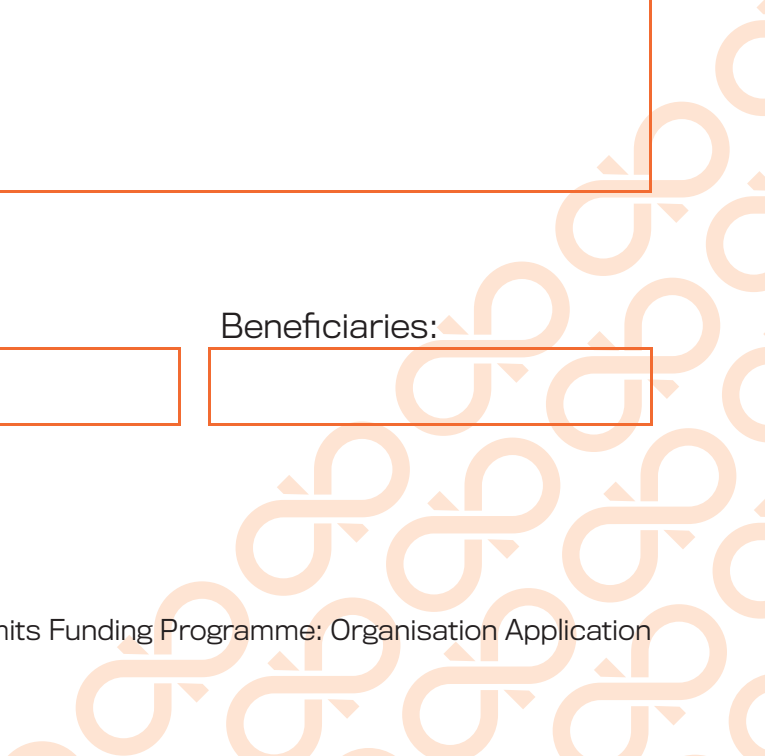
Please provide your numbers of:

Employees:

Volunteers:

Beneficiaries:

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LIMITS**



Who is your work designed to support and what are their needs?

Why are you well placed to meet the needs of the people you want to help?

How do you monitor your work and improve services for your beneficiaries?



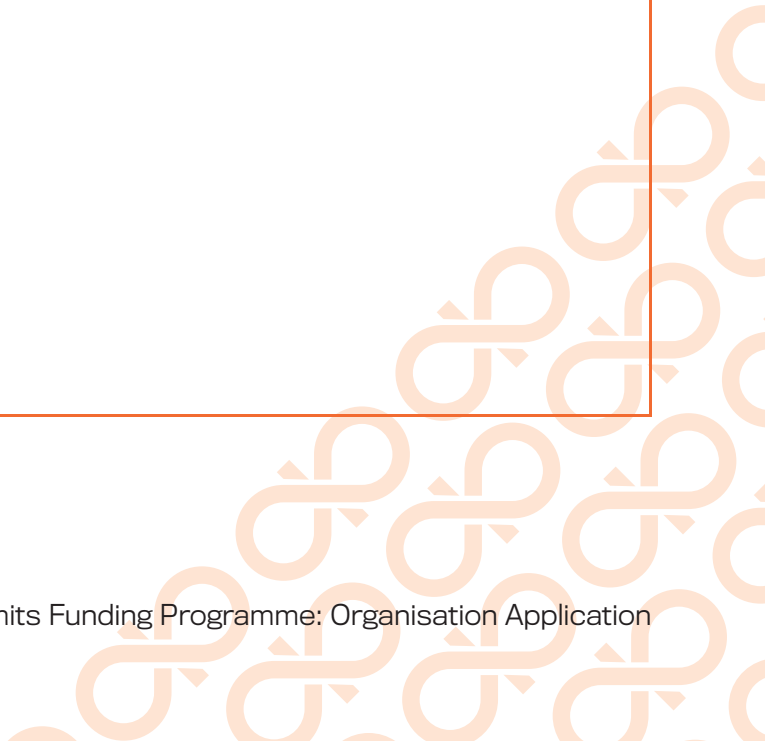
What changes do you expect to see as a result of this funding?

Y **N**

Have you ever applied for funding from Enable Jersey before?

If yes, please specify

Is there anything else that you would like to tell us?



2. Financial Information

Total amount requested:

When do you need the funding to start?:

Explain the purpose of the funding and outline its proposed allocation:

Please provide details of your fundraising strategy and any community support, sponsorship or funds you have already secured together with details of any other applications you have made or plan to make:

Please include the following documents when submitting this application:

- ∞ A full budget for the project, detailing expenditures and revenues
- ∞ A copy of your constitution if applicable

In signing this form, I confirm the above statements are true and that all the information provided in this application is correct.

Knowingly providing false information will invalidate any application.

Your signature:

Date:

Name and Job Title:

By submitting this form you are confirming that you have the written agreement and permission of any individuals identified in your application to pass their personal information to Enable Jersey, who will hold and process their personal data in accordance with all current data protection legislation.

The information you provide on this application is confidential and will be used solely for the purpose of assessing your application, managing or monitoring any grant awarded, related administration or research purposes.

Please contact us if you would like to see a copy of our Privacy Policy.

**Please Return
Your Completed
Form To:**

Enable Jersey
Office 102, Regus Building
Liberation Station
St. Helier
JE2 3AS

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info@enablejersey.org
www.enablejersey.org

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Life Without Limits Funding Programme: Organisation Application



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