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| ACT Grant Application Please complete all relevant fields: |  |

## Contact Information

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Organisation or project name  (if applicable) |  |
| Address |  |
| Post code |  |
| Phone number |  |
| E-Mail Address |  |
| Charity number (if applicable) |  |
| VAT number (if applicable) |  |

## How did you hear about ACT?

## What is the value of the grant that you seeking?

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## Tell us about what you would use your grant for?

### Please be concise but ensure that you answer all of the questions below, when telling us what the funding is required for:

* -  Overview of individual situation or organisation and why Arcobaleno Cancer Trust is the appropriate charity to seek funds from (250 words max):
* -  Start and end date of project?
* -  Who will benefit from the project?
* -  What impact would this grant be for this project?
* -  When is funding required by?
* -  Please attach project budget and schedule of when grant funds will be paid out
* -  Please attach any relevant medical records, medical bills, images or any other documents that will support your application

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## Hospital and Primary Care Information (if applicable)

|  |  |
| --- | --- |
| Hospital Name |  |
| Hospital City |  |
| Oncologist’s Name |  |

## Other information (Please add any further information that you feel is important for us to know or consider)

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## Reason for fast-tracking (if applicable)

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## Agreement and Signature

### Please sign below to confirm that

### You are eligible for an ACT grant

* You have not received a grant or are awaiting a decision for a grant for the same purpose from another source

### the facts contained in this form are true and accurate to the best of your knowledge,

### you agree to our terms and conditions

* If your grant application is successful, you will provide bank details and statements from the last 3 months as proof of a UK address and an active UK bank account and you will report back at the end of the charity’s fiscal year via a form provided by Arcobaleno Cancer Trust.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of ACT to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

All information provide will remain confidential.

### Thank you for completing this application form, please send your from to Arcobaleno Cancer Trust at [info@arcobalenocancertrust.com](mailto:info@arcobalenocancertrust.com)

Your application will be acknowledged by email within 7 days. The decision will be communicated to you by email within 14 days of the next committee meeting.

For a copy of our policy, please visit [www.ArcobalenoCancerTrust.com](http://www.ArcobalenoCancerTrust.com)