### Arcobaleno

### Cancer trust

### small Grant Application

|  |  |
| --- | --- |
|  |  |

### Organisation or personal information

**Please answer all questions as fully as possible**

|  |  |
| --- | --- |
| **Title** |  |
| **Full name** |  |
| **Name of Organisation or project if applicable** |  |
| **Address (if this is a personal address, please specify whose it is)** |  |
| **Post code** |  |
| **Phone number** |  |
| **EMail Address** |  |
| **Charity number (if applicable)** |  |
| **VAT number (if applicable)** |  |

|  |
| --- |
| What is the value of the grant that you are seeking? (maximum £5,000) |
|  |

### grant for organisations

### What is the name of your project? (IF APPLICABLE)

|  |
| --- |
| description of the project: why do you think it is needed? Why do you want to deliver it? who do you think will benefit? |
|  |

|  |
| --- |
| give us a breakdown of the costs or budget involved – please show us how you will use the grant |
|  |

|  |
| --- |
| what is the start and end date of your project? (if applicable) |
|  |

### grant for individuals

|  |  |
| --- | --- |
| hospital and care information | |
| **Hospital Name** |  | |
| **Hospital Address** |  | |
| **Oncologist’s Name** |  | |

|  |
| --- |
| please tell us why you are applying for a grant and how you will use it |
|  |

|  |
| --- |
| reason for fast tracking (if applicable) |
|  |

|  |
| --- |
| please attach any relevant medical records, medical bills or images of any other documents that will support your application |
|  |

|  |
| --- |
| agreement and signature |
| **Please sign below to confirm that:**   1. **You are eligible for an Arcobaleno Cancer Trust grant** 2. **You have not received a grant or are awaiting a decision for a grant for the same purpose from another source** 3. **The facts contained in this form are true and accurate to the best of your knowledge,** 4. **You agree to our terms and conditions** 5. **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.** |

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

**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 provided will remain confidential.**

**Thank you for completing this application form, please send your form to Arcobaleno Cancer Trust at** [**info@arcobalenocancertrust.com**](mailto:info@arcobalenocancertrust.com)**. Attach any relevant document.**

**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)