

Churchill Foundation Small Grant Application Form

Section 1: About This Application

Who is completing this form? *(tick one)*

- Churchill Colleague / Owner / Business Partner *(Referrer)*
- Individual Applicant
- Charity / Community Organisation Applicant

Note: Either party may complete the form, but a Churchill referrer must always be named and provide context.

Section 2: Churchill Referrer Details (Mandatory)

Name: _____

Role *(Colleague / Owner / Business Partner)*: _____

Company / Lodge / Relationship to Churchill: _____

Email Address: _____ Telephone Number: _____

How do you know the individual or cause you are referring?

(Please briefly explain the connection and why this request matters.)

Section 3: Applicant Details

If applying as an individual:

Full Name: _____

Address *(postcode required)*: _____

Email Address: _____ Telephone Number: _____

If applying on behalf of a charity or community organisation:

Organisation Name: _____

Registered Address: _____

Contact Name: _____

Role / Job Title: _____

Email Address: _____ Telephone Number: _____

Charity Registration Number *(if applicable)*: _____

Website / Social Media *(if applicable)*: _____

Section 4: Eligibility Check

Please confirm that your application meets the following criteria *(tick all that apply)*:

- The request has a named Churchill referrer
 - The project aligns with at least one of the Foundation's charitable aims
 - The request demonstrates clear personal or community need
 - The project is based in an area where Churchill Living Group operates
 - The request is **not** for:
 - sports teams or clubs
 - schools
 - religious organisations
 - animal or horticulture charities
 - London, Scotland, Ireland, or international projects
 - political, campaigning, or commercial activity
 - completed projects or statutory funding replacement
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Section 5: Charitable Aims Alignment

Which of the Foundation's aims does this application support? *(tick all that apply)*:

- Relief of sickness, disease, and human suffering
- Promotion of health among older people
- Support and wellbeing of younger generations

Please briefly explain how your request aligns with the selected aim(s):

Section 6: Description of Need

Please describe the situation, project, or individual need this grant will support. Focus on **why this funding is essential** and what would not be possible without it.

(General donations or "nice to have" requests are unlikely to be supported.)

Section 8: Other Funding (if applicable)

Are you receiving funding from any other source for this request?

- Other funding sources: _____
 - Amount secured so far: £ _____
 - Amount still required: £ _____
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Section 9: Who Will Benefit?

Who will the grant support? (*Individual, group, community, etc.*): _____

Number of people expected to benefit: _____

Expected impact (*What difference will this funding make?*):

Safeguarding considerations (*if applicable*):

Section 10: Supporting Information (Optional)

Please list any supporting documents you have attached (*quotes, links, screenshots, receipts*):

Section 11: Declaration

I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Name: _____

Role (*Applicant / Referrer*): _____

Signature: _____ Date: _____

Submitting Your Application

Please email your completed form and any supporting documents to:

enquiries@churchillfoundation.co.uk

You will receive an acknowledgement once your application has been received.

Applications are reviewed at scheduled trustee meetings (approximately quarterly).

Incomplete applications may be deferred to the next cycle.

Any other comments, please provide below: