

# Grant Application Form



To be completed by parents, organisations or carers wishing to apply for a grant from Crackerjacks Children's Trust for a child up to the age of 16 who has a disability.

**Please print clearly and answer all questions where possible:**

The more information you supply us with will allow us to assess your grant much quicker and effectively

Applications are considered between £250 - £1000. (£600 for respite breaks) Any application in excess of £1000 may be considered under exceptional circumstances and has to be approved by the Trustees.

Please note, applications can take up to three months to be assessed.

The charity has no obligation to provide a reason for a rejected application.

All communications regarding this application **will only** be dealt with via email only to grants@crackerjacks.org.uk

**PART ONE:** Details of Child/Children/Organisation who will benefit from grant.

1. Child's Name.....
2. Address .....  
.....Post code.....
3. Age of Child.....D.O.B.....
4. Childs Disability .....

**PART TWO:** Information about the person or organisation applying for this grant.

1. Your Name/Organisation .....
2. Relationship to child .....
3. Address if different from above .....  
.....Post code.....
4. Contact phone (daytime) .....Ext .....
5. Mobile Number .....
6. E-mail address .....
7. Charity or company registration No.....
8. How much are you applying for .....
9. How much has already been raised .....
10. Total amount required .....

**PART THREE:** Equipment Request (if you are applying for a respite break go to part four.)

**IMPORTANT:** You must supply us with, at least two written quotes from reputable suppliers.

1. Equipment Required. ....
2. Quote One Value £.....Quote Two Value £.....
3. Please tick this box to indicate you have supplied two formal written quotes



**PART SEVEN:** Child and family support.

1. Does your child attend any special learning or care centres Please give details.....  
.....  
.....

2. Does your child have any assigned care workers or professional specialist Please give details .....  
.....  
.....  
.....

3. Please supply supporting letters to your grant application form from a professional.  
( Doctor, Social Worker, Clinic, Special Needs School or NHS Trust) on your behalf explaining your child's condition and how they would benefit from this grant by receiving equipment or a respite Break. Please tick the box to confirm you are sending supporting letters

**PART EIGHT:** When you have completed all the questions please read and sign the declaration below:

I am an authorised representative of .....  
(Name of organisation or child)

To the best of my knowledge, all information I have provided on this application form is correct.

Any grant you receive from Crackerjack's Children's Trust will be used exclusively for the purposes specified by this application form and the charity Trustees.

Please tick the box to authorise Crackerjacks Children's Trust or its associates to use your case in raising the awareness and promoting the work and awareness that the charity carries out.

Supplying false information may result in your application being rejected.

NAME  
.....

SIGNATURE ..... DATE.....

When you have completed the application, please return to:

**Crackerjack's Children's Trust. Sealine Works, Whitehouse Road, Kidderminster, DY10 1HT**

**Check Box:** Please tick the appropriate boxes in this check list before you send in your form:

1. Have you enclosed at **least two written quotes?** (See Part 3 for each item)
2. Have you enclosed a supporting letter? (Individual applications only, See Part 7: Q3)
3. If you are an organisation, have you enclosed a copy of your managed accounting record?

Grant applications quires **will not** be dealt with over the phone. You will be sent a letter of acknowledgment once your application is received and logged on our system. Please keep a copy of this document for further reference. Please note, applications can take up to 3 months to be assessed.

**Crackerjacks use only:**

TRUSTEES AUTHORISATION .....DATE.....