

FORM 2 NAJ13:/GA

THE NURSES ASSOCIATION OF JAMAICA (UK)

Please complete and attach this form to the front of your application

PROJECT DETAILS

Organisation Name:			
Address:		Name of contact	
		Tel No	
		Fax No	
		Charity No	
Project Title:			
Total cost of Project	£	Amount requested from Foundation	£
Duration of Project		Date of commencement of project	
Please list below other sources of funding:			
Name of organisation		£ applied for	£ agreed
If grant is awarded to which organisation should the cheque be made payable?			

*For office use only*

Applicant No		PO		Fund
Proposal No		Cat		Decision
Grant No		Board date		Grant

Previous Activity

## FORM 2 THE NURSES ASSOCIATION OF JAMAICA (UK)

### SMALL GRANTS SCHEME APPLICATION FORM

Please read carefully the Associations grant policy before completing the application form and provide as much relevant information as possible about the project for which you are seeking funding. If there is insufficient space in any of the areas below please continue on a separate sheet and/or include any supporting documents.

Please type or complete the form in black ink using block capitals. If you have any queries on the completion of the form, please contact the Executive Secretary.

#### SECTION A – DETAILS OF ORGANISATION

1. Full Name (and title by which your organisation is commonly known)

Address for correspondence

Telephone Number

Contact Person/Position

Charity Registration Number

Name of organisation to which grant  
Should be paid

2. Aims and Purpose of organisation

## SECTION B – DETAILS OF GRANT APPLICATION

3. Give full details of the aspect of the work for which you are seeking a grant and state what a grant from the Association would enable you to achieve. Please include points such as the number of paid people, volunteers involved, how many people will benefit, the planned starting date of the project and if it is an on-going project, how it is to be staffed and financed in the future

## SECTION C – FINANCIAL DETAILS

4. Total cost of project  
Breakdown of total cost including a shopping list (if applicable)

Amount raised so far:

Amount of grant for which you are applying:

Other sources of funding  
(ie how you intend to raise the balance)

5. Accounts: (please ensure that you have enclosed a copy of your most recent audited accounts and annual report)

Name: (block capitals)

Signed:

Date:

Please return the completed form and any supporting documents to: the Executive Secretary