# **Theatre Development Trust**Application for funding

Before completing this application, please ensure you have read all the information on our [website.](https://solt.co.uk/charitable-activities/)

If you have any questions, please contact tdt@soltukt.co.uk or 0207 557 6700

For this application, we encourage you to answer the questions in whatever media you choose, e.g. video, audio, images, text – where indicated\*

If you would like more support or guidance completing any elements of this application, please contact Theatre Development Trust, as above.

### **Organisation name:**

### **Project name:**

## **About the project:**

#### Please give a summary of the purpose for which funding is required, including details of who will benefit, how many and how.

\*max 300 words text, or 2-minute video or audio. 1 image can be uploaded alongside

#### How will the organisation monitor the progress of the project or services and what targets will be set to evaluate its effectiveness?

\*max 200 words text, or 3-minute video or audio. 1 image can be uploaded alongside

#### What are the known risks within the project or services, and what measures will you use to mitigate them?

\*text, video, audio, or images. You may choose to upload a project Risk Assessment and/or Impact Assessment

#### Budget

Total grant required:

Please provide a detailed budget for the project or services.

\*You can upload or attach your budget OR complete the below table.

**Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** |  | Total | Confirmed / expected |
| Amount requested from Theatre Development Trust |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Grand total** |  |  |

**Expenditure**

|  |  |  |  |
| --- | --- | --- | --- |
| Expense  |  |  | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Grand total** |  |

#### If applying for part funding, give details of how other funds have been / are being sourced

\*max 100 words text, or 2-minute video or audio. You could upload one piece of supporting evidence e.g. confirmation of other funding

#### What acknowledgement will be given to the Theatre Development Trust if a grant is made?

Where will you display our logo or talk about the difference that this support is making?

#### When will your project or services take place?

Start date:

End date:

Evaluation feedback will be required for TDT midway and at the end of the project, please state dates work for your organisation and project:

Midway review:

End of project review:

If successful, 80% of the funding will be distributed in advance of your start date and the final 20% of the funding will be distributed on completion of both stages.

#### Is there anything else you would like us to know?

\*max 200 words text, or 1-minute video or audio. 1 image can be uploaded alongside

## **About your organisation**

|  |  |
| --- | --- |
| Name of organisation |  |
| Contact name |  |
| Contact email |  |
| Contact telephone |  |
| Address of organisation |  |
| Website (if applicable) |  |
| Registered charity number (you must be a registered charity to apply) |  |
| Bank account NameAccount NumberSort Code |  |
| Please attach your **Safeguarding** policy  |  |

#### Financial details

Please complete this table

|  |  |  |
| --- | --- | --- |
|  | Most recent completed financial year£ | Current financial year projections£ |
| **Income** |  |  |
| Voluntary income (inc. donations, Grants, legacies etc) |  |  |
| Income from fundraising activities |  |  |
| Investment income |  |  |
| Other income |  |  |
| **Total income** |  |  |
|  |  |  |
| **Expenditure** |  |  |
| Charitable purposes |  |  |
| Fundraising costs |  |  |
| Management / Administration |  |  |
| Other expenditure |  |  |
| **Total expenditure** |  |  |
|  |  |  |
| **Surplus / (Deficit)** |  |  |

|  |  |  |
| --- | --- | --- |
| **Reserves** |  |  |
| Restricted reserves |  |  |
| Designated reserves |  |  |
| Unrestricted reserves |  |  |
| **Total reserves** |  |  |

#### DECLARATION

I am an authorised representative of (Organisation name).

To the best of my knowledge the information I have provided on this application form is correct. If a grant is made by the Theatre Development Trust, it will be used exclusively for the purposes described in this form.

Signature: Print Name:

Position in Organisation: Date: