

Please complete this form to the best of your ability. If you need help with any of the questions, please indicate the help you need and ensure we have your contact details. If you are eligible you will be contacted for the additional information.

## PROJECT APPLICATION FORM

### 1. Applicant details

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registered charity no: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 2. The Project

2.1 What is the project's focus?

2.2 Please describe the objectives of the project in no more than 300 words:

2.3 Where is the project to be located?

2.4 How many children are likely to benefit from this project and what ages are they?

**The Toy Trust are committed to supporting children and projects regardless of faith, sex or disability. Please answer the following questions below.**

2.5 If you are granted funding, will this benefit both male and female children regardless of any religious affiliation?

2.6 Are children with special needs/disabilities involved? If so, how many children have special needs or have disabilities?

2.7 Is there any other information you can provide which you think may aid your application?

### **3. Funding**

3.1 Please indicate how much the project will cost?

3.2 Do you have any other sources of funding towards the project? If yes, please give details of the source, amount and whether this is confirmed or in principle only at this stage:

If all the funding target is not reached, will it be supplemented from reserve funds or will it be cancelled?

3.3 Please indicate how much you would like to receive from the Toy Trust?

Please outline how and when the funds will be used.

Is there a deadline date by which funds must be received?

3.4 What is your turnover in the last financial year? Please attach a copy of your current accounts.

Please specify the ratio of total Wages and Salaries as a percentage of income.

Please specify amount of retained funds in the accounts which are Restricted and Unrestricted.

3.5 What is the cost of generating funds as a percentage of your income?

#### 4. Project reference

Please give the name, address and telephone number of a referee not associated directly with your organisation for this application: -

Is the referee a member of the British Toy & Hobby Association      YES/NO

Name: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Please sign to confirm that the information supplied is a true and accurate representation of your charity application. The Toy Trust reserves the right to reclaim any donations made, if it is found not to have been used for the reasons stated in your application.

#### 5. Signature

Signature \_\_\_\_\_

Print Name (Block Capitals) \_\_\_\_\_

Date \_\_\_\_\_

Please send this completed application form to:-

Tracey Butcher  
British Toy & Hobby Association  
BTHA House  
142-144 Long Lane  
London  
SE1 4BS