|  |  |  |  |
| --- | --- | --- | --- |
|  | **Event Grant Application Form****(Maximum £200)** | Ref No: |  |
| Decision: |  |
| Date: |  |
| Charity No: CIO 1186647 & SCIO SC050921 | **Confidential** |

The Foundation can provide grants towards the cost of an event arranged by a member. Grants are allocated annually based on one per region and should be supported by a Foundation Trustee or Regional Parent Supporter.

Please note only fully completed application forms will be accepted. Supporting documents should not be included.

**Applicant details**

|  |  |
| --- | --- |
| Name of applicant (self, parent or carer): |  |
| Address |  | Tel No: |  |
|  | Mobile: |  |
|  | Email: |  |
|  | SMS Foundation Member: | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person with SMS: |  | Date of Birth: |  |
| Relationship to Applicant: |  | Year Diagnosed: |  |

**Summary of Event Planned**

1. Please describe the event that you are arranging.

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|  |
|  |
|  |

1. Please identify the costs attributable to the event.

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Quantity** | **Cost (£)** | **Provider / Venue** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Cost (£):** |  | **Grant Requested (£):** |  |

1. Please deal other sources of funding you have applied to:

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Funder / Other Source** | **Date Applied** | **Request (£)** | **Outcome or date of decision, if known** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**The information I have given is accurate to the best of my knowledge and I confirm my application for a grant.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant:** |  | **Date:** |  |

**Supported by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Supporter:** |  | **Date:** |  |
| Name of Sponsor: |  | Position: |  |

**Complete the application**

Thank you for completing this application form.

Please send it by post or email to the address below. Please only enclose this application form and no other supporting documentation. Only fully completed application forms will be considered. If we require any further information to help us reach a decision then we will contact you to request it.

**Smith-Magenis Syndrome (SMS) Foundation UK**

12 Bankton Brae

Livingston

West Lothian

EH54 9LA

info@smith-magenis.co.uk

Grant applications are reviewed quarterly although we will endeavour to consider the request at the earliest opportunity. The Foundation has limited finances that will be taken into consideration in the decision to award a grant or not. The grant awarded may be for an amount different to that requested. Priority may be given to events in areas that have not received previous grants or Foundation organised events. Priority may also be given to events that are aimed at an audience not previously catered for under the grant scheme.

The decision of the Board / Senior Management Team in this matter is final.

Where approved, grant cheques or bank transfer will be made payable to the applicant and sent to the address given at the start of the form.

Please email us with any queries or contact us by leaving a message at our answering service on 0300 101 0034.