

APPLICATION FORM

The Sinclair Family Trust was established in 2018 to provide support to people in need living in the north Perthshire area.

The Trust will consider funding requests from individuals, groups and local organisations for the purposes of assisting persons in need with meeting the demands of day-to-day living and enhancing their quality of living.

Please note the Trust cannot fund applications that do not meet its criteria

Funding is available to organisations, groups and individuals and there is no minimum application amount. Each application will be considered on its merits. Applications are considered on a quarterly basis and we aim to respond to applicants with our decision within 3 months of receipt of their application.

Please submit applications either in email to: applications@sinclairfamilytrust.co.uk or in writing to:

The Sinclair Family Trust

10 Barossa Place

Perth

PH1 5JX

The Sinclair Family Trust is a Scottish Charity, SCO48293, regulated by the Scottish Charity Regulator (OSCR)

Registered office 10 Barossa Place, Perth, PH1 5JX





SECTION 1 CONTACT DETAILS

Applicant Name Organisation Name Companies House Number Address
Companies House Number Address
Address
Telephone
Email

Note

- The applicant is the person making the application and will be the Trusts point of contact. The applicant does not have to be the benefactor of the funding/support.
- Non public sector organisations applying on behalf of those in need must provide their Charity or Company's House registration number as appropriate.

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SECTION 2 – ABOUT THE APPLICANT

Is the application on behalf of an individual or group?	INDIVIDUAL / GROUP				
SECTION PURPOSE					
Please tell us the purpose that funding is being requested for:					

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How will this purpose assist in the day-to-day living or enhancing the quality of life of persons in need?			

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SECTION 3 FINANCIAL INFORMATION

What is the total amount requ	ested?	
What other funding (if any) has been secured and from whom		
For what purpose will the fund	ds be used?	

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Any further information relevant to this application?		

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SECTION 4 DECLARATION

I confirm that the details with this application are true and accurate				
I confirm that I have the legal authority to make this application on behalf of the names group				
If this application is URGENT then please tick the box on the right.				
PRINT NAME				
Signed				
Date				

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