

**Grants for Local Mental Health Projects**

**Financial Support for Direct Action Mental Health Initiatives**

~ CARE ~ EDUCATION ~ HOMES ~ RESEARCH ~



*The Graham Burrough Charitable Trust*

Name of applicant or organisation: .....

Address of applicant/organisation: .....

.....

.....

.....

Daytime telephone number : .....

E-mail address: .....

Fax number: .....

Contact address (if different): .....

.....

.....

.....

Person to contact: .....

Position in organisation: .....

Is your organisation a Registered Charity?      Yes            No     

If Yes, please provide the Registered Charity number: .....

Has you/your organisation received a Grant from the Graham Burrough Charitable Trust before? If Yes, please state the date and the amount.

What are the main activities of your organisation?

Please explain what you need the grant for ie, a project or specific piece of equipment.  
*(Please note we do not fund personal training or learning disabilities)*

Please give details of the full costs of the project or equipment that you are applying for:

How much are you applying for from the Graham Burrough Charitable Trust?

If this is not the full amount required what other funding do you have for this project, including any funds from your own resources and by when do you expect to have all the funding in place?

Name of the organisation that should appear on the cheque if successful:

Signed .....

Name .....

Date .....



**Checklist; please make sure you have:-**

Answered every question.

Enclosed your most recent Accounts or financial information.

Enclosed any relevant publicity material.