Introduction

* indicates a required field

Before completing this online application form, grant seekers should have first completed the Sir George Martin Trust's brief Expression of Interest form here https://sirgeorgemartintrust.smartygrants.co.uk/SGMTGrantsOct2025 or called the Trust Manager for an initial chat.

If you need any additional support or guidance, don't hesitate to contact our Trust Manager, Carla Marshall at info@sirgeorgemartintrust.org.uk or 01943 605372. Please remember to save your answers in the form as you go along - you will be reminded when you complete each page.

For our top tips on completing the application follow the <u>link</u>.

We wish you the best of luck with your application!

For further information on applying the Sir George Martin Trust, grant seekers should review this page on the Trust's website https://www.sirgeorgemartintrust.org.uk/how-to-apply/

Privacy Notice

We are committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified when applying for a grant then you can be assured that it will only be used in accordance with our <u>privacy policy</u>.

Eligibility Confirmation

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

- Applicants must be a West Yorkshire-based registered charity, CIO (Charitable Incorporated Organisation) or church carrying out local community outreach work with a head office/Charity Commission main address in West Yorkshire.
- National charities or charities which have a head office located in another part of Yorkshire can no longer apply.
- In order to maintain a high grant success rate (around 40 50% of all enquiries), the Trust currently does not accept applications from:
 - Any community groups or organisations not registered with the Charity Commission (apart from churches)
 - CICs (Community Interest Companies)
 - Community Benefit Societies
 - Co-operative Societies
- Applicants must support disadvantaged and or vulnerable local people in West Yorkshire.
- Applicants must have less than a £1million income (based on their last financial year's accounts).

You must confirm that all statements above are true and correct * O Yes
Organisation Details
* indicates a required field
Contact Details
Name of Organisation * Organisation Name
Address * Address
Please include building number/name, street name and town/city/village
 Across Yorkshire Across West Yorkshire Calderdale District City of Bradford District City of Leeds District City of Wakefield District Kirklees District
Website *
Must be a URL. If your organisation does not have its own website, please include a www. website address which will show information about your organisation.
Social Media
Contact Person Name * First Name Last Name
Contact person position *
Contact person email *

Must be an email addre	ess.		
Contact person ph	one number *		
Must be a valid phone	number.		
Secondary Contact	Name		
First Name	Last Name		
Secondary contact	email		
Must be an email addre	ess.		
Do you have any c	ommunication needs	? (e.g. BSL, large prir	nt)
	n in the box above you giv rivacy Notice for more info		George Martin Trust to hold artintrust.org.uk/how-to-
apply/	,		
Organisation Inf	ormation		
Please select yourRegistered Charit	organisational struct	:ure *	
 Charitable Incorp 	orated Organisation (CI		
Charitable CompaChurch	any Limited by Guaranto	ee	
Charita Camadada	No		
Charity Commissio	n Number		
Companies House	Registration Number		
Please select the c	category that best de	scribes vour organisa	ation *
ricase select the e	ategory that best de	scribes your organise	1011
Please briefly tell	us the aims of your o	rganisation and what	: you do *
Between 0 - 300 words			
Diego tall th	annahan af fall time	EE *	
riease tell us the l	number of full-time st	taπ *	
Must be a number and	at least 0		

Please tell us the number of part-time equivalent staff *
Must be a number and at least 0.
Please tell us the number of volunteers (excluding those listed above) *
Must be a number and at least 0.
Please tell us the number of trustees (or committee members if a church) *
Must be a number.
How does your organisation ensure safeguarding for its beneficiaries and team?
Word count: Between 0 - 300 words.
Application Details
* indicates a required field
Q1. Name of project/activity/service *
Q2. Please describe the project, service or activity you are asking us to fund. *
Provide a short description (100 words recommended) of your project - what are you out to do?
Q3. Why is this project, service or activity needed? *
Up to 200 words recommended.
Q4. Please tell us who the funding will help * All ages and intergenerational Mainly under 18s Mainly older people (over 60) Mainly women Mainly LGBTQIA+ Mainly people with disabilities Mainly ethnically minoritised people This question is in relation to your beneficiaries.

	. What difference will your project, service or activity make to the lives of ose who take part? *
Up 1	to 300 words recommended.
	. How many people do you think will benefit from your project, service or ivity? *
Mus	st be a number.
Q7	. If you would like to, please tell us more about your beneficiaries.
Up 1	to 200 words recommended.
for	. Where will your project, service or activity which you are requesting funding take place? * Across Yorkshire Across West Yorkshire Calderdale District City of Bradford District City of Leeds District City of Wakefield District Kirklees District
Q9	. Expected start date of activity/project/service: *
Q1	0. Expected end date of activity/project/service: *
Bu	idget and Funding
* in	dicates a required field
	Advice and information support Art, music or drama activities Education & core life skills support Improving the environment Food provision Improvements to buildings/facilities/outside space Mental health and emotional support Organisational core running costs support Physical activity

 □ Providing equipment/items for beneficiaries □ Social activities that bring people together □ Supporting/empowering other organisations or community groups □ Transportation □ Other: 			
No	more than 2 choices may be se	elected.	
W	hat is the type of funding	you are requesting? *	
Pr	oject/Service/Activity Cos	st *	
Wh	nat is the total budgeted cost of	f your project/service/activity?	
Ar	nount Requested *		
Wł	nat is the total financial support	you are requesting in this applicat	ion?
Pr	oject Budget		
Ex	penditure Item	Expenditure amount	Expenditure Description (provide more detailed information if you wish)
Ex	penditure Total		
Fi	nancials		
Please tell us what you think your income will be for the current financial year *			
Ρl	ease tell us what you thir	nk you will spend in the curr	ent financial year *
Is there anything else you want to tell us about your finances going forward?			
		,	Joing Tolliana.

SGMT Application Form

Form Preview

Unrestricted/free reserves are the funds available	which aren't tied to a specific project or purpose.
Where did you hear about our organisat	
Please upload your organisation's most accounts * Attach a file:	recent, audited/examined statement of
Please upload a copy of a recent bank st Attach a file:	tatement. *
Please upload any photos and any addit you do. Attach a file:	ional documents you feel show the work
Organization Bank Associat Bataila	
Organisation Bank Account Details Name of bank/building society *	
Bank Account: * Account Name	
Account Number	
Must be a valid bank account format.	
Bank sort code *	

Declaration

* indicates a required field

Please confirm that:

- You are authorised to make this application on behalf of your organisation.
- The information provided is accurate and true.
- Your application has been authorised by the governing body of your organisation.

I confirm the above is true * □ Yes				
Name * Title	First Name	Last Name		
lob title	r/role/position	*		
Job title	//Tole/position			
Date *				
Must be a	date.			