



**THE BAIRDWATSON CHARITABLE TRUST  
GRANT APPLICATION FORM FOR ORGANISATIONS**

Scottish Charity No. SC038468

**Please read the enclosed criteria and guidelines before starting to fill in the application form.**

Please ensure all parts of this form are completed and that an appropriate trustee or official of the organisation signs the form.

**Section 1 – About your Organisation**

**1. Legal name of the Organisation:**

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**2. Main Contact:**

Name:	
Position:	
Tel Number / Mobile Number:	
Email:	

**3. Registered address of Organisation:**

Address 1	
Address 2	
Town	
Local Authority	
Postcode	
Telephone	
Email	
Website	



**4. Bank Account Details:**

Name of Bank	
Account Name	
Account Number	
Sort Code	
No. Of Signatories	

**5. Status of Organisation**

Legal Status of organisation			
Charity Number		Company Number	
Is the organisation a branch of another charity/ body?	YES / NO		
If yes name of parent charity/body?			
Is the organisation a Social Enterprise?	YES / NO		

6. Please tell us if you have a connection with the communities of Ayr / Airdrie in Scotland or Darjeeling / West Bengal in India.

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**7. Income / Expenditure**

Income of your organisation in the last financial year?	
Expenditure of your organisation in the last financial year?	
Reserves at time of application?	
How much of these reserves are restricted?	
Date of most recent annual accounts?	

**8. Briefly describe the background, purpose and activities of the organisation.**

**9. Previous applications to BairdWatson Trust**

Has your organisation applied to the BairdWatson Trust before?	Yes/No
If so when?	

**10. Your organisation**

How many people are on your committee/ board?	
Please provide some details around the skills and experience of your management committee/ board and how the organisation supports them.	



How many volunteers are involved in the organisation in total?	
How many staff do you have?	Full Time: Part Time:
How many service users benefit from your work in an average 12 months?	
What policies does your organisation have in place to guide your work?	

**11. Referee**

Full Name	
Position	
Organisation	
Address	
	<b>Postcode:</b>
Contact Details	<b>Tel Number:</b>
	<b>Mobile:</b>
	<b>Email:</b>



## Section 2 – About your Project

### 1. The Project

Name of Project	
Project Start Date	Project End Date
Please give a brief description of your project.	
Detail what evidence you have for the need for the project.	
Where will your project be based?	

2. **Outcomes** - Please detail up to 3 outcomes, you hope to achieve. In addition detail the activities which will contribute to the outcome.  
(Outcomes are changes that the project participants will experience)

1.	
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2.	
3.	

### 3. The Project Budget

Total Project Cost		
Amount requested from the Baird Watson Trust?		
If this application is part of a larger project and supported by other funders please give details below.		
Funder	Amount requested / secured	
Please provide a simple budget detailing the costs of the project and outlining what the Baird Watson Funds will support, below. Please include a separate sheet if necessary.		



## Checklist

Please ensure that you send:

- The organisation's most recent full annual accounts, audited or independently examined, and signed.
- A budget for the project, or if you are applying for core costs, a budget for your organisation.
- If you do not yet have annual accounts, one copy of a recent bank statement and a list of trustees'/board/management committee members' names and addresses.
- The organisation's most recent annual report.
- A job description, if you are applying for a salary.