COWES TOWN WATERFRONT TRUST

Cowes Town Waterfront Trust (CTWT) is a very proud supporter of Cowes and the Isle of Wight and as part of its Objects will grant certain requests for financial assistance.

- Donations made by CTWT are awarded at the Trustees' discretion based on how closely the request aligns with the Trust's Objects.
- The Trust has created this form so as to consider eligible requests in a fair and equitable manner.
- The Trust cannot support all requests and completion of this form does not guarantee a gift.
- Decisions regarding a request will be reported as soon as possible following the next scheduled board meeting.

For donation consideration please complete this form in its entirety and provide any supporting documents.

The full <u>Cowes Town Waterfront Trust Articles of Association</u>, (within which the Objects form a part) can be found on the UK Government Companies House website. Search <u>www.gov.uk/get-information-about-a-company</u> for company number **02751595**.

The charity's objects are:

- 4.1 To promote for the benefit of the inhabitants of Cowes and the Isle of Wight the provision of facilities for recreation or other leisure time occupation of individuals who have need of such facilities by reason of their youth, age, infirmity or disablement, financial hardship or social and economic circumstances or for the public at large in the interest of social welfare and with the object of improving the life of the said inhabitants and to advance sailing and water sports in the waters around Cowes, and in furtherance of this Object to provide facilities for mooring and storage of boats for the benefit of the public at large.
- 4.2 To promote the culture and heritage of Cowes and support the maritime heritage of the Isle of Wight;
- 4.3 To promote the protection and improvement of the environment of Cowes Harbour.

CONTACT DETAILS	
Date of the event / activity	
Organisation name	
Contact person name	
Position within your organisation	
Full postal address of your organisation	
Phone number	
Email	

COWES TOWN WATERFRONT TRUST

About your Organisation			
What is the type and purpose of your organisation?			
How is your organisation managed and funded?			
What is your organisation's mission?			
Please provide the names of your Principal Officers and their posts.			
Are personnel paid / or volunteers?			
Has your organisation applied to Cowes Town Waterfront Trust for support before?	Yes	No 🗖	If yes, was your application successful? Yes No D



FINANCING YOUR ORGANISATION

Provide a summary from your most recent accounts.		
Please tick as applicable - Are the figures below:		
Information from the latest accounts approved by your organisation.		
A projection because your organisation has been running less than 15 months.		
Budget costs for a non-recurring one-off event.		
Account Year Ending: Day / Month / Year		
Or Date of Event:		
Total Income for the Year / Event		
Total Expenditure for the Year / Event		
Surplus or Deficit at the Year End / Event		
(Total Income – Total Expenditure)		
Total Savings or Reserves at the Year End / after Event		
What steps is your organisation taking to reduce its own impact on the environment?		

SAFEGUARDING

The Charity Commission requires that all beneficiaries have appropriate safeguarding policies in place.			
Do you have a safeguarding policy?			
If so, please provide a copy.			
Do you have a designated safeguarding officer?	Yes 🗖	Νο	
If so, please provide contact details.			

COWES TOWN WATERFRONT TRUST

DONATION DETAILS			
What is the monetary value of the donation you are looking for?	£		
What will the donation be used for, what project, activity, item(s) or event do you want the Trust to help fund?			
Which of our Objects does your request satisfy? Mark all that apply	□ _{4.1}	L 4.2	□ _{4.3}
Describe how a donation aligns with or satisfies Cowes Town Waterfront Trust's charitable objects?			
Will you be applying for and / or have you secured any funding from another source, for this or any other purpose? If so from whom and for what purpose?			
If the total cost is higher than the amount requested, where do you expect the rest of the funding to come from?			

COMPLETING YOUR APPLICATION		
You must tick all the boxes to confirm that:		
You have answered all the questions in this application.		
You have enclosed your organisations latest and previous two years' independently signed ar consecutive years' accounts) , 12 month financial projection (if your organisation has been run event budget (if for a non-recurring one-off event).	•	
You understand that if seriously misleading statements (whether deliberate or accidental) are made at any stage during the application process, or information is knowingly withheld, this application may become invalid, and your organisation could be liable to repay any funds to us.		
Please sign and date your application in the box below.		
Sign:		
	Date:	

Please complete this form and return it to The Company Secretary at the address below or by email to info@ctwt.co.uk

OFFICE USE ONLY		
Request received on date	Further information required	Yes / No
Request approved or denied	Enquirer informed of decision on date	