# **MERGER FUND APPLICATION FORM**

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| --- |
| Organisation name |
| Telephone number |
| Organisation address |
| Organisation contact name and position |
| Email address (required, this will be our main way of contacting you, preferably for your organisation rather than a home email address) |
| Organisation website address |
| Registered charity number (if applicable) |
| Registered company number (if applicable) |
| Date organisation established |
| Total income for last financial year (if appropriate)  £ |
| Project proposal summary (in no more than 25 words)  Funding would go towards… |
| Total amount requested from Esmée Fairbairn Foundation  £ over years/months (delete as appropriate) |
| Local authority area where your organisation is based |
| Local authority area(s) that will benefit from the work (if different) |
| [ ] Please confirm you have the authority to make this application on behalf of the organisation by ticking this box |
| Signature (of person authorised to make this application) – not required if you are applying online or emailing your application |
| [ ] I have included a three page (six sides of A4) outline proposal, accounts and, if not a registered charity, our constitution. |
| For further information go to www.esmeefairbairn.org.uk |