



Guidance & Application Form for Grant

Form 2

The secondary purpose of the Finish Line Fund (FLF) Registered Charity 1179170 is promoting running and other sports at an amateur level in Southend-on-Sea and surrounding areas by organising running events and providing equipment and sponsorship to clubs in Southend-on-Sea and the surrounding areas to promote health and wellbeing

Assistance from the FLF may not be applicable for cases in need of long-term financial support. The FLF has the right to adjust or decline an applicant's request.

The FLF does not discriminate between applicants based upon race, religion, colour, gender, sexual orientation, age or disability.

Finish Line Fund Parameters

Funds can only be granted based on the merit of the application of the requestor to meet needs for purposes consistent and as stated in the charity constitution of the FLF.

Funds can only be granted to a requestor.

Finish Line Fund Process

FLF Assistance Forms can be obtained *online via the website:*
www.finishlinefund.org

Completed forms will be reviewed by the Trustee Review Team. The Team will provide a final decision or make a request for additional information. Please allow **14 working days** to expire before inquiring about the status of the application.

At the discretion of the Trustee Review Team, documentation regarding income, bank statements and expenses may be requested. If the funds requested are for payment to a business/service provider, the Review Team may also request to speak directly to them or to seek quotations from other suppliers.

If approved, the funds will be distributed either to the requestor or directly to the business/service provider.

Assistance Request Application

Requestor Information

Club/Organisation/Society Name:		
Last name:	First name:	
Position within organisation:	Length of service within organisation:	
Address:		
Phone (Mobile):	(Work):	(Home):
Amount Requested:	Purpose of Request:	

Provide details relating to your request for a grant? (Please provide estimated numbers of benefactors, estimated cost of expenditure, if available details of any quotes provided)

Please provide two References: name, home address, e-mail address and telephone numbers (References must not be a relative)

1. -----

2. -----

I authorise Finish Line Fund to verify all information provided and retain in it's records for 6 years.

Signature:

Date:

Printed name:

For Office Use Only

Trustee's Initials: _____ Date Processed: _____ Approved / Not Approved

_____ Date Processed: _____ Approved / Not Approved

_____ Date Processed: _____ Approved / Not Approved

_____ Date Processed: _____ Approved / Not Approved