

Your details

Name of organization: _____

Full address: _____

Name of main contact: _____

Telephone: _____

Fax: _____

Email (if available): _____

Website (if available): _____

Are you a registered organization? Please give details:

Project details

Project title: _____

Grant requested (maximum \$5000):

What are the main aims and activities of your organization/project?

TRUSTEES

Bella Freud
Karma Nabulsi
James Fox
Sudhir Hazareesingh

MAIN OFFICE

Studio 7, 49-59 Old Street
London EC1V 9HX

REGISTERED ADDRESS

27 Old Gloucester Street
London WC1N 3XX

T/F +44 (0) 207 490 7634

E hoping@hopingfoundation.org

W hopingfoundation.org

How do you propose to deliver this project?

(Please tell us what the project includes, who will co-ordinate it and any other project partners you will be working with.)

Who is the project targeted at?

(Please tell us about the children / young people who will benefit from your project.)

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How do you think your project will help the children and young people you are working with?

Management of your organization and project:
(Please tell us about the people who manage your organization and how your organization is set up?)

Signatures

Two authorised signatures are required for this funding agreement.

First person

Name: _____

Position within organization: _____

Signature: _____

Date: _____

Second person

Name: _____

Position within organization: _____

Signature: _____

Date: _____

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Bank details

Name of Bank / Building Society:

Name of account: _____

Account number: _____

Branch address: _____

Telephone: _____

Fax: _____

Intermediary bank details: _____

Swift code / IBAN number: _____

Please do not send us any further information at this stage.

To be completed by Hoping Foundation (Please ignore)

Date received: _____

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