

# Application for Individuals



Before completing this application, please make sure you have read the application guidelines.

**This form can be downloaded from the Just Living Foundation website ([www.justlivingfoundation.com](http://www.justlivingfoundation.com))**

Please feel free to contact the Foundation Director if you have any questions about your application, the application form or application process.

**Please send your application form to:**  
**[alexandra@justlivingfoundation.com](mailto:alexandra@justlivingfoundation.com)**

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

Name of Grant Seeking Individual: \_\_\_\_\_

Supported by a UK registered Charity

Y N

## PLEASE PROVIDE DETAILS ABOUT YOURSELF:

### 1. Full Name:

\_\_\_\_\_

### 2. Main Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Contact Details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must provide details of two independent referees. This should be someone who knows you through a professional capacity. Each referee must be able to support your application.

## FIRST REFEREE

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Tel. Number Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECOND REFEREE

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Tel. Number Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How long have you know the above referees and in what capacity?

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5. Please use the space below to outline your situation, the social injustice you face and the hindrance you are experiencing as a result.

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6. Please use this space to explain why you are in this position of need. Please provide details of financial status.

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7. How will our support combat the social injustice you are experiencing? Please note, the Just Living Foundation will only provide support when tangible outputs are to be achieved.

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8. What are the results/achievements you hope for as a result of our support?

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9. Please indicate additional funds you are applying for in conjunction with this application.

Name of Funder

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Amount Applied for

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Purpose of Grant

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Successful

Y N

Date

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10. Please provide us with a breakdown of the expenditure attached to your application. You may attach a separate excel sheet detailing the budget to this form.

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11. Please detail how this project/activity aligns to the Just Living Foundation's vision and values.

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**DECLARATION**

**I confirm that I am authorised to make this submission and sign this declaration. I understand and agree to the following conditions should any grant be made.**

1. I certify that the information contained in this application is correct.
2. If the information in the application changes in any way, I will inform the Just Living Foundation immediately.
3. If successful I will not use the grant for any other purpose other than that specified on the award letter without first contacting the Just Living Foundation to seek authorisation.
4. If successful I will provide copies of documentation to prove my identity as requested by the Just Living Foundation. I have read the Data Protection Statement adhered to by the Just Living Foundation and understand why these documents are required and how they will be used.
5. I will endeavour to uphold and respect the Just Living Foundation's reputation and ethos.
6. I will send a brief report to the Just Living Foundation, outlining progress made on the project and money spent, within 3 months of receiving the grant.
7. I will keep receipts and records of any payments made with this grant and will send copies of the receipts, along with an End of Grant Report to the Just Living Foundation, at the end of the project. (Within a maximum of 12 weeks following the end of the initiative).
8. I will highlight the support given by the Just Living Foundation in all relevant publicity material which we will share with the Just Living Foundation.
9. I agree for the Just Living Foundation to use details about any award received by us for promotion purposes.

**MAIN PERSON CONTACT**

(Person Completing this application)

Signature

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Print Name

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Position

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Date

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**SECOND PERSON CONTACT**

(Trustee/Management Comm.)

Signature

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Print Name

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Position

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Date

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Please note the referees stated will be asked to sign the following statement:

"I have known the applicant for at least one year. I have read the application and support this request for funding. I am willing to be contacted to discuss this application and at a later date to comment on the grant, if this application is successful".