

Please complete the form below to assist GEM Road Safety Charity Trustees in ensuring that any grant made is:

- Within the guidelines laid down by the Charity Commissioners and
- Meets the criteria applied by GEM's Executive Council

Station Road, Forest Row,  
East Sussex RH18 5EN  
T: 01342 825676 F: 01342 824847  
E: [charity@motoringassist.com](mailto:charity@motoringassist.com)

[www.motoringassist.com/roadsafety](http://www.motoringassist.com/roadsafety)

Name of organisation applying for assistance

Name of individual dealing with this application

Please can you provide a brief description of your organisation or if you are an individual, a brief outline of who you are:

  
  
  

Address

Postcode

Contact Telephone No.

Email

Are you a registered UK charity: Yes

No

Charity Registration No.

Project Name

What is the need you have identified and how did you identify it?

Outline up to 3 objectives for the project and describe how these will be achieved:


Outline any research you have carried out:


What is the lifetime of the project?

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How will you sustain the project for this period?


How will you evaluate the success and achievements of your project?

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What is the overall cost of your project? £

Breakdown of project costs? (attach itemised list if appropriate)

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How much do you want from GEM? £

If this project will receive funding from other sources, please state from whom and how much this is likely to be.

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Please give details below if there is any contract, agreement or understanding with a third party concerning any exclusive condition, restriction, requirement, product placement or promotion with regard to any aspect of this grant application.

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Outline how any assistance from the GEM Road Safety Charity could be promoted within this project, i.e. press coverage, acknowledgements, logos, membership recruitment etc:


Please outline any additional information you feel may assist the Trustees in their deliberation for awarding a grant.


Referee: If the Trustees feel it necessary, please provide the name and contact details of one person who is independent of you or your organisation, who we may talk to about your project.

Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone No	<input type="text"/>
Email	<input type="text"/>

I certify that the information I have provided in this Grant Application Form is accurate and has been completed to the best of my knowledge.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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