

The Charles & Elsie Sykes Trust

Checklist

Please download and complete this checklist prior to sending in your application.

A copy of the completed checklist MUST accompany your application.

Full name of the Charity :				
Are you?				
A registered charity	☐	Yes	☐	No
An 'Excepted' charity	☐	Yes	☐	No
A hospital or medical research organisation	☐	Yes	☐	No
If you have answered YES to any of the above please continue				
Have you				
Received a grant from the Charles & Elsie Sykes Trust within the last 12 months?	☐	Yes	☐	No
If you answered YES, please note that grants are not usually awarded at less than 12 month intervals. If you answered NO then please continue.				
Are you seeking funding for				
A charity with no demonstrable benefit to the geographical area of Yorkshire or the people living in it	☐	Yes	☐	No
An annual event	☐	Yes	☐	No
An individual	☐	Yes	☐	No
A building project that is yet to receive planning permission	☐	Yes	☐	No
If you answered YES to any of the above, your application is unlikely to be eligible.				
Please confirm the following				
Do you have a safeguarding policy? (Please do not submit the policy document)	☐	Yes	☐	No
Has the safeguarding policy been reviewed in the last two years?	☐	Yes	☐	No
Do you have a Health & Safety Policy? (Please do not submit the policy document)	☐	Yes	☐	No
Has the Health & Safety policy been reviewed in the last two years?	☐	Yes	☐	No
Do you do Risk Assessments?	☐	Yes	☐	No
I confirm that I have read the Privacy Policy of the Charles and Elsie Sykes Trust	☐	Yes	☐	No
I consent to my data being used in line with the Privacy Policy of the Charles and Elsie Sykes Trust	☐	Yes	☐	No
If you answered NO to any of the above, your application is unlikely to be eligible.				
Have you provided				
Annual accounts for the most recent financial year	☐	Yes	☐	No
Clear and detailed information as to why the charitable donation is needed	☐	Yes	☐	No
A completed checklist	☐	Yes	☐	No
If you have answered YES to ALL of the above then please upload this checklist with the online application form.				