**Important Note:** Before completing and submitting this application, please carefully consider what personal information to include about other individuals. Please only provide us with personal information that you think is necessary to allow The Mushroom Trust to assess, manage and administer your application. Where possible, please anonymise references to other individuals, so that they cannot be identified.

The Mushroom Trust will use all personal information submitted to it by you (whether in this application or otherwise) in accordance with its privacy statement, which can be obtained by contacting us directly.

**NOTE ON COMPLETION OF APPLICATION FORM**

* Please provide your contact details as well as the name of the organisation or charity. Please include the postcode of the *location of the project* and directions if required. If there is no postcode, please provide a Google Maps ‘screenshot’ of the location with your application.
* If an address and postcode of the project site is not provided, your application may be rejected and returned.
* Please provide a brief description of the project you are seeking funding for (restrict to 350 words).
* If photographs are being submitted, please restrict to a quarter of an A4 sized page and provide captions.
* Please supply a plan of the design and horticultural additions for the whole space, even if your project is only for part of it.
* Unless exceptional circumstances apply, the Mushroom Trust will not support repeat applications made within a three-year period of a successful application by the same organisation for the organisation's core costs or for the originally supported project. Applications by repeat applicants for new projects will be considered.

**PLEASE ENSURE YOUR APPLICATION IS NO LONGER THAN TWO PAGES (AS PROVIDED BELOW)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1 YOUR DETAILS** | | | |
| Name of Applicant:- |  | Telephone number(s):- |  |
| Name of contact person:- |  | Email:- |  |
| Address:- |  | Address & postcode of project for visiting:- |  |
| Date of application: |  | | |
| **2 PROJECT Amount requested:** | | | |
|  | | | |
| **3 YOUR PROJECT'S BUDGET** | | | |
|  | | | |
| **4 FUNDRAISING ACTIVITIES** | | | |
|  | | | |
| **5 PHOTOGRAPHS AND CAPTIONS** | | | |
|  | | | |