

CHARITABLE DONATION APPLICATION FORM	Butterfield Charitable Trust - Channel Islands
SECTION 1. YOUR ORGANISATION AND CONTACT DETA	AILS
Name of charity	
Guernsey and/or Jersey Charity Registration number (you	ur charity <b>must</b> be registered to qualify for a grant)
Name of contact	Position
Address	
	Postcode
Telephone number	Email
Submission date	Website
Social media handles	
SECTION 2. FUNDS REQUESTED  Amount requested (please be specific, requests for a grade)	nt towards a much larger amount/project will not be considered)
Describe how the funds would be spent (please enclose s	supplementary details as appropriate)
Previous donations/support received from the Butterfield	d Group or Butterfield Charitable Trust - Channel Islands
Amount	Date received



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SECTION 3. CHARITY DETAILS AND FINANCIAL	INFORMATION	
Please enclose your latest financial statements, the Expenditure Account.	est financial statements, these need not be audited, but must include a Balance Sheet and Income and	
Provide brief objectives of the charity or your miss	ion statement	
How does your charity benefit the Channel Islands	and the local community?	
What are the usual sources of your funding?		
Are your funds spent wholly within the Bailiwick o	f Guernsey or Jersey?	Yes No
Please state the total amount of monies held by ye	our organisation, including any res	trictions placed on the use of those monies
Please state the total monies held by affiliates of y	our charity such as "Friends of" ch	narities
Have you received grants from other sources in the	e past two years? If so, please list t	hem and describe how they were expended.
SECTION 4 DONATION CATEGORIES		
How does your organisation align with Butterfield (please tick the most appropriate category)	's priority Sustainable Developme	nt Goals
Environmental Protection	Climate Action	
Life Below Water	Education	
Local Economic Development	Wellbeing	

DE&I

Reducing Inequalities



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SECTION 5. VOLUNTEER OPPORTUNITIES	
Outline the various ways Butterfield volunteers can assist your	charity
SECTION 6. GOVERNANCE	
Please provide your latest governing document.	
Please confirm that your governing document is compliant with Alderney) Ordinance, 2021 and, in particular, the Schedule to T Exemptions, Governance and Specified Amount) (Guernsey and Charities (Jersey) Law 2024.	he Charities etc. Amendments,
SECTION 7. BANK ACCOUNT DETAILS	
Should your application be successful, the Butterfield Charitab below your bank account details:	le Trust would make payment by bank transfer. Please provide
Account name	
Sort Code	Account number

- 1. This application has been authorised by the officers of the charity.
- 2. All information is correct to the best of our knowledge and belief. All questions on this form have been fully answered (if additional space is required, please use extra sheets you should also enclose any information supporting your application).
- 3. All bank/investment accounts held by our charity have been declared and included in the information given. Copies of the latest annual accounts (income and expenditure account and balance sheet) have been enclosed.
- 4. If Butterfield Charitable Trust is able to make a grant of some, or all, of the funds requested, we confirm that the money will be used for the purposes described and, if required, receipts will be made available. (If some or all of the money is subsequently not required for the purpose for which it was granted, then Butterfield Charitable Trust must be notified and any unused money returned).
- 5. We understand that details contained in this application may be made available to members of the board of Butterfield Charitable Trust. Additionally, if the application is successful and some or all of the money requested is granted, Butterfield Charitable Trust will release details of the amount given, and how it will be spent, to the public and media.
- 6. Butterfield Charitable Trust will hold the information you have provided for a period of up to six years from the date of its decision as to whether to make a grant to your charity.



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This form must be signed by two authorised officers of your charity.		
Signed	Signed	
Name (print)	Name (print)	
Position	Position	
Date	Date	
Please submit your application to be received by (date)		
To (details of where to submit application)		

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