



# Small Grants Application Form (Maximum £500)

Supporting SMS families for a positive future

Registered: CIO 1186647 | Scottish Charity (SCIO) SC050921

**Confidential**

Ref No:
Decision:
Date:

The Foundation will only provide grants to improve the quality of life of a person with Smith-Magenis Syndrome. Please note only fully completed application forms will be accepted. Supporting documents should not be included.

**Applicant details**

Name of applicant (self, parent or carer): \_\_\_\_\_

Address \_\_\_\_\_ Tel No: \_\_\_\_\_

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

Email: \_\_\_\_\_

SMS Foundation Member: Yes / No

Name of Person with SMS: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Year Diagnosed: \_\_\_\_\_

**Reasons for applying and summary of need**

a) Please describe why you are seeking a grant, the person's circumstances and needs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Please identify each item and the actual cost of what you are seeking to purchase. An example is shown in the box below:

Items	Quantity	Cost (£)	Supplier
<b>Total Cost (£):</b>			<b>Grant Requested (£):</b>

c) Please deal other sources of funding you have applied to:

Grant Funder / Other Source	Date Applied	Request (£)	Outcome or date of decision, if known

**The information I have given is accurate to the best of my knowledge and I confirm my application for a grant.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement in support of the grant application from sponsor / referral agency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supporter: _____	Position / Profession: _____
Address _____	Relationship to Applicant: _____
_____	Tel No: _____
_____	Mobile: _____
_____	Email: _____

**Signature of Supporter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete the application**

Thank you for completing this application form.

Please send it by post or email to the address below. Please only enclose this application form and no other supporting documentation. Only fully completed application forms will be considered. If we require any further information to help us reach a decision then we will contact you to request it.

**Smith-Magenis Syndrome (SMS) Foundation UK**

28 Kilbrennan Drive  
Tamfourhill  
Falkirk FK1 4SG

[info@smith-magenis.co.uk](mailto:info@smith-magenis.co.uk)

Grant applications are reviewed quarterly although we will endeavour to consider the request at the earliest opportunity. The Foundation has limited finances that will be taken into consideration in the decision to award a grant or not. The grant awarded may be for an amount different to that requested. The decision of the Board and Senior Management Team in this matter is final.

Where approved, grant cheques or Bank Transfer will be made payable to the applicant and sent to the address given at the start of the form.

Please email us with any queries or contact us by leaving a message at our answering service on 0300 101 0034.