



JF233

APPLICATION FOR MUSIC THERAPY GRANT

In order that your application for grant facilities can be considered by the trustees of Jessie's Fund we would ask you to supply the information requested in this form. Please return it to us at this address:

Jessie's Fund
 (Grant application)
 15 Priory Street
 York
 YO1 6ET

1	ORGANISATION										
1.1	Name of organisation										
1.2	Address										
1.3	Telephone number										
1.4	Email address										
1.5	Is the organisation funded by <i>(please circle as appropriate)</i> <table style="width: 100%; border: none;"> <tr> <td>National Health Service</td> <td style="text-align: right;">yes / no / partly (%)</td> </tr> <tr> <td>Local Education Authority</td> <td style="text-align: right;">yes / no / partly (%)</td> </tr> <tr> <td>Charitable trust</td> <td style="text-align: right;">yes / no / partly (%)</td> </tr> <tr> <td>Independently</td> <td style="text-align: right;">yes / no / partly (%)</td> </tr> <tr> <td>Other (give details)</td> <td></td> </tr> </table>	National Health Service	yes / no / partly (%)	Local Education Authority	yes / no / partly (%)	Charitable trust	yes / no / partly (%)	Independently	yes / no / partly (%)	Other (give details)	
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Local Education Authority	yes / no / partly (%)										
Charitable trust	yes / no / partly (%)										
Independently	yes / no / partly (%)										
Other (give details)											
1.6	Your name and position										
2	THE CHILDREN Please give a brief description of the client group for which funding is sought, including age range, special needs, and estimated number of children to benefit.										

3	THE THERAPY
3.1	Has the organisation had access to music therapy before?
3.2	If the answer to 3.1 is yes: When was music therapy provided? How many hours per week?
3.3	How many hours per week is proposed in this application?
3.4	What is the time span of the music therapy applied for? (eg. 6 months / 1 year etc)
3.5	When will (or did) the project start?
3.6	Name of music therapist (if one has already been identified)
4	FUNDING
4.1	How was any previous music therapy funded? Why did that funding cease?
4.2	Budget for this project
4.3	What other applications for funding have been made in respect of the current project?
4.4	Is the application being made for the whole or part only of the cost of project?

Please enclose any information about your organisation or this project which you feel would be of interest to us.

Signed:

Date: