# **Supporting Children & Young People with Disordered Eating**

# **2024 FUNDING OPPORTUNITY**

# **Stage 1 application form**

Thank you for your interest in this funding opportunity from the Prudence Trust and the Stone Family Foundation.

[Please read the information on our website](https://theprudencetrust.org/what-we-fund/disordered-eating-2024/) before completing your application. Applications should be submitted via our [**online form**](https://www.tfaforms.com/5138432)**.**Use this Word document for planning your answers only.

If you have any problems with your application, contact us at grants@theprudencetrust.org

## PRIMARY contact information

|  |  |
| --- | --- |
| 1. First Name
 |  |
| 1. Last Name
 |  |
| 1. Job Title
 |  |
| 1. Email
 |  |
| 1. Telephone
 |  |

## ABOUT your organisation

|  |  |
| --- | --- |
| 1. Organisation name
 |  |
| 1. Website
 |  |
| 1. **This funding is only available to UK registered charities or a registered Community Interest Company, limited by guarantee. Please provide your registration number(s).**
 |
| Charity Number |  |
| Company Number |  |
| 1. **This funding is only available to organisations with an annual income of £250k or more.**What was your total income for the previous financial year?
 | £ |
| 1. **This funding is only available to organisations who offer a specialist eating disorder service.**What are your organisation’s key aims and, if not an eating disorder charity, what eating disorder services do you provide for children and young people aged 11-25? (150 words max)
 |
|  |

## your proposal

|  |
| --- |
| 1. **This funding is to help organisations deliver evidence-based, specialist eating disorder services to children and young people (aged 11-25) or their families. We are keen to support services that complement -rather than duplicate- NHS services.** What do you want funding for and how does this service fit within the bigger picture of supporting a child or young person with disordered eating? (300 words max)
 |
|  |
| 1. **We want to support organisations and services that have evidence of the positive difference they make to their beneficiaries.** Please tell us about the impact that your service has, including what impact measurement you use. If the service you want funded is new, tell us about the impact of your existing services instead. (300 words max)
 |
|  |
| 1. **A. We would like to understand the reach of your service and the number of people who could benefit from our grant.** How many children, young people or families do you expect to benefit from this service overall, each year? If our grant is to partially fund the service, tell us how many will benefit from our funding (**number of people per year**)
 |
|  |
| 1. **B. Please tell us who the number you gave in question 3A above relates to, or explain if you have had to give a number for a timescale different to what we’ve asked.** E.g. Children with disordered eating, parents, siblings, family groups. (50 words max)
 |
|  |

## Financial details

|  |  |
| --- | --- |
| 1. How much does it cost to run the service you are applying for (each year)?
 | £ |
| 1. How much are you seeking from the Prudence Trust (in total)?
 | £ |
| 1. How long would you like the grant period to be (years, months)? (Maximum 3 years)
 |  |
| 1. If you have a preferred start date for the grant, please tell us when this is
 |  |