

## GRANT APPLICATION FORM

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| NAME OF ORGANISATION   |  |
| ADDRESS  |  |
| TELEPHONE NUMBER   |  |
| EMAIL ADDRESS  |  |
| CONTACT NAME<br>(& ADDRESS, EMAIL & TELEPHONE<br>NUMBER IF DIFFERENT FROM<br>ABOVE)    |  |
| DESCRIPTION OF THE PROJECT AND<br>THE NEEDS IT WILL SERVE                              |  |
| ESTIMATE COST OF PROJECT   |  |
| PROPOSED DATE OF PROJECT   |  |
| FINANCE – PLEASE SUPPLY A COPY<br>OF YOUR LATEST AUDITED<br>ACCOUNTS AND BALANCE SHEET |  |
| SIGNED   |  |
| POSITION   |  |
| DATE   |  |