

APPLICATION FOR GRANT

Name of applicant and position in organisation

Address

Telephone Number

Details of organisation

Name of organisation

Address

Telephone number

Purpose/aims of organisation

Total number of Cox Green Residents that are members

Total membership

Details relating to the application for the grant/donation

Please continue on a separate sheet if necessary

Amount requested

Purpose of grant/donation

Please give details of direct benefits to Cox Green residents and/or to Cox Green area

Name other bodies you have requested assistance from

Name

Amount pledged

Name

Amount pledged

Details of Self-funding

Please note that any additional information you can supply in support of this application will be welcome

For Office Use Only

<i>Date of receipt</i>		<i>Date of meeting</i>	
<i>Date of acknowledgement</i>		<i>Outcome of application</i>	
<i>Cheque No</i>		<i>Date issued</i>	