

GRANT APPLICATION FORM

Name of residents group	
Address for correspondence	
Contact telephone number	

What type of grant are you requesting? (tick one)	START UP		ANNUAL	
---	----------	--	--------	--

Please give details about how you plan to spend the grant:
(continue on a separate sheet if insufficient space)

Have you/are you applying to other organisations for financial assistance Yes/No
If yes, please give details

Would you like more information about other funding sources Yes/No

Bank account details:

Name of bank:

Account name:

Account number:

Sort code:

Named signatories:

First signatory
Second signatory

Signed	Signed
Chair	Treasurer
Date	Date