



Item	Details	Cost
TOTAL COST		

5. Amount you are requesting (please see attached guidelines). .....
6. What is the size of your branch membership? .....
7. Has the membership voted in favour of the activity? .....
8. Have you applied for (or are you receiving) funding from any other sources for this project and if so, how much? .....
9. Please comment on your financial situation and why assistance is needed.

10. Please complete the following \*

i. Annual income	£ <input type="text"/>	ii. Annual expenditure	£ <input type="text"/>
iii. Account balance	£ <input type="text"/>	iv. Investments	£ <input type="text"/>

\* Please notify Trustees if there are changes to your financial circumstances during the period of this application

11. Contact for this application if different from Clerk.

Name ..... Email .....

Phone .....

12. Date of Application .....