

GROUP GRANT APPLICATION

Please complete in **BLOCK CAPITALS**, deleting as appropriate, at *

Please pass this form to the Groups' Coordinator to present to the Executive Committee for consideration.

Group Name			
Group Leader			
Address			
Post Code			
email address			
Telephone No:		Mobile No:	

Briefly describe the reason why you are submitting this application and attach all supporting documentation ie Quotations for equipment/services. It should be noted that no grant can be paid in retrospect to ANY expenditure already incurred. Please retain all invoices/receipts for all Grant monies spent. They may be required for audit purposes.

(Please continue overleaf if necessary)

Total Value of Grant requested If approved, please pay by cheque/BACS *	£ _____	If payment by BACS, give Bank Sort Code: - - Acct Name: Acct No:	Signed Group Leader Dated
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FOR COMMITTEE USE ONLY

Date submitted to Groups Coordinator		Considered by Committee at Meeting dated	
Committee Decision AGREED/REJECTED *	Approved Grant to be paid by cheque/BACS * to Group Leader £ _____	Authorised for payment Meeting Chair	
Date auctioned by Exec Treasurer		Received Group Leader	Date