



APPLICATION FOR GRANT FROM MIDDLESEX EAST COUNTY

- Complete all parts of the form below.
- Send the form to your District/Division Commissioner for signature and onward submission.

APPLICANT DETAILS

Full name of applicant:	
Membership Number:	
Address:	
<i>(if application is on behalf of a unit/District/Division give Commissioner/Leader contact details)</i>	
Date of birth: <i>(individuals only)</i>	
Telephone:	
Email:	

Unit:	
District/Division (as applicable)	
Grant requested from level:	District/Division/County
Total cost of project/course:	£
Total cost of travel:	£
Amount of grant requested:	£

PURPOSE OF REQUEST

Please give details for your reasons for applying and the exact purpose for which the money will be used. If a group event, please ensure you include numbers involved and your budget to show fee per person and how it has been calculated.

OTHER GRANTS APPLIED FOR RELATED TO THIS PROJECT

Please list the body/persons to whom you have applied for grants/assistance with this project. Give the amounts applied for and whether or not you have been successful.
(Continue on a separate page if necessary.)

BODY/PERSON APPROACHED	AMOUNT (£) APPLIED FOR	AMOUNT AWARDED / UNSUCCESSFUL / PENDING

FUND-RAISING ACTIVITIES CARRIED OUT IN FURTHERANCE OF THIS PROJECT

Please list fund-raising activities that have taken place and amounts raised and those planned with dates

(N.B. It is accepted that for some applications / projects, it is not always appropriate or possible to fund-raise specifically. Applicants should not be deterred from applying for assistance if they have not carried out fund-raising activities).

FUNDRAISING EVENT	DATE	AMOUNT (£) RAISED

APPLICATION SUPPORTED & SIGNED BY

District/Division
Commissioner:

(Please add any additional information that you may consider appropriate)

Payment of grants

PAYEE FOR GRANT PAYMENT: _____

NOTE: GRANTS WILL BE MADE PAYABLE TO THE INDIVIDUAL'S UNIT OR AREA AS APPROPRIATE i.e. District or Division or Girlguiding.

GRANT MONIES NOT ULTIMATELY USED BY THE APPLICANT FOR THIS PROJECT SHOULD BE REPAID TO ENABLE OTHER MEMBERS TO HAVE THE USE OF THESE FUNDS.

Amount of Grant:	£		Date:	
Conditions of grant award				
Authorised by:			Role	

