GIRLGUIDING EDINBURGH FUND APPLICATION FORM
UNIT

Reason for funding:
What is the TOTAL cost of the purchase of goods or attendance at the event? (PLEASE INCLUDE BREAKDOWN OF COSTS) £
Amount of funding requested £

How is the balance being raised (PLEASE INCLUDE DETAILS OF ANY OTHER GRANTS APPLIED FOR)

If the total amount of funding requested is not approved in total, how will the deficit be raised?

Unit name……..

Section ……..

Address……..

Postcode……

Contact telephone number……

District ……..

Division ……

Please give details of current financial status of unit and copy of last set of independently examined accounts

Has the unit previously applied for assistance or applied for a grant from another source? (IF YES,PLEASE CONFIRM DETAILS)

I confirm that the information in this application is correct

Signed……..(LEADER)
Date……

I confirm that this applicant is an active Unit in
……..
District.

Signed…… Commissioner

Note = grants will be paid to the Unit by bank transfer – bank details will need to be provided if a grant is approved.

Statement/Commissioner reference:
Please give supporting information to assist with the Executive's decision (this will remain confidential)

This application has been reviewed and discussed by the Executive Team and is approved/declined.

Amount of Grant: £

Conditions attached to grant:

Signed…….……County Commissioner/Chair
BMF

Decision advised:
Payment for £ issued to:
Bank details:
Date:
Signed: