



## Application Form



### Lead Organisation for this project

Name of lead organisation?			
Where is your Organisation based?			
Other Organisations involved?			
Registered Charity?	Yes	No	Reg Charity No:
What does the lead organisation do? (Please see Guidance notes)			

### Which LDLSP criteria does your project meet and why? (Up to three should be listed)

Criteria no	
Criteria no	
Criteria no	

### Contact person for your Organisation

Name	
Position	
Address	
Postcode	
Telephone	
Email	

### Referee (Please see Guidance Notes)

Name	
Position	
Address	
Postcode	
Telephone	

**How much money, when and what will you spend it on?** (Please see Guidance notes)

How much money are you requesting?	
When would the money be spent?	
What would you do with this money/ What is it for?	
If a Community Grant will not cover the total cost of your project please tell us how you plan to raise the remainder of the funds:	

**Payment & Bank Details** (Please see Guidance notes)

Who should Cheque(s) be made payable to:	
Name of Account:	
Bank/ Building Society Name:	
Bank/ Building Society Address:	
Sort Code:	
Account Number:	

**Your Signature & Name** (Please see Guidance notes)

In signing this document you are also agreeing to additional conditions set out in the Guidance notes

Signature:	
Print Name:	
Date:	



**Community Grants**

C/O Lancaster District Council for Voluntary Service,  
Trinity Community Centre, Middle Street, Lancaster LA1 1JZ  
01524 555900

Reg Charity Number - 502265

