



BATH – ALKMAAR TWINNING ASSOCIATION

Reverend Martin Broadbent ~ Chairman
Willow Bank, Sham Castle Lane, BATH, Somerset, BA2 6JH
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APPLICATION FOR A GRANT

Name of Person applying for a Grant _____

or

Name of Organisation applying for a Grant _____

and name of contact person _____

Address of Person or Organisation _____

Post code _____

Telephone number(s) _____

E-mail address _____

Summary explanation of reasons for requesting a Grant _____

Additional Information Required for Grant Approval

A. Clubs and Associations

About your organisation

1. Date club/association formed	
2. Number of current membership	
3. Amount of annual fees received from membership	£

B. Individuals and Groups

About you

1. Age or age range of group	
2. If a group, number of persons involved	

About the Application for a Grant

1. Amount of Grant application	£
2. Date that Grant is required	
3. Total budget for event that the Grant application relates to	£
4. Breakdown of budget – state number of people involved where possible	
Travel	£
Accommodation	£
Meals	£
Gifts	£
Other (please specify)	£

Please note that further financial details may be requested before the Grant is approved.

Grant Application made by:

Name _____

For and on behalf of:

Name of person or organisation receiving the grant _____

Signed

Date

Please return your completed Grant application form to the Chairman of the Bath - Alkmaar Twinning Association as per the letterhead.

