

Dalry Parish Boundary Trust

Registered Scottish Charity Number SC045435

Application for Financial Assistance (Organisation)

1. Name of Organisation

Address (for correspondence)

Contact Person

Position in Organisation

Daytime Telephone No.

Email Address

Address where organisation meets:

2. Amount of Grant Requested £

3. Details of Application

a) Please describe, in as much detail as possible, what the grant would be used for

Dalry Parish Boundary Trust

Registered Scottish Charity Number SC045435

The criteria for DPBT are that the application must meet charitable, environmental, amenity or other appropriate purposes within the Dalry Parish area. Funds shall not be used for political or religious purposes.

b) Please indicate below how the application will meet these criteria:

c) Please detail the total costs of the project and how these will be funded:

i) Costs

ii) Amount and source of organisation's contribution

iii) Other financial assistance applied for:

Amount	Date	Funding Body	Purpose

Dalry Parish Boundary Trust
Registered Scottish Charity Number SC045435

4. Description of Organisation

a) Legal status (e.g. voluntary organisation, public/private limited company, limited by shares or guarantee, registered charity):

b) How long has the organisation been in existence?

c) Membership Details:

i) Geographical area covered:

ii) Restrictions on membership:

d) Staff employed:

e) Affiliation, if any, to other groups or associations:

f) Names and addresses of Office Bearers:

Chairperson: _____

Vice Chairperson

Secretary:

Treasurer:

Dalry Parish Boundary Trust

Registered Scottish Charity Number SC045435

5. Information Submitted in Support of Application:

Tick if enclosed

a) Constitution and/or Memorandum and Articles of Association	
b) Audited accounts for the last three years	
c) Interim accounts (if latest audited accounts are for a period ending more than 9 months ago)	
d) Budget for current financial year	
e) Business Plan (if applicable)	
f) Equal Opportunities Policy (if applicable)	
g) Health and Safety Policy (if applicable)	

6. Details of Bank Account

Name and address of Bank: _____

Account Number:

--	--	--	--	--	--	--	--

Sorting Code:

--	--	--	--	--	--

7. Declaration

I certify that the above information is accurate and complete, and agree to the terms and conditions.

Signed: _____

Name: (please print) _____

Position: _____

Date: _____

Return this form, together with any accompanying documents, to:

John Smith
Secretary
Dalry Parish Boundary Trust
Birkentop Farm
Dalry
KA24 4HS