Application Form for New Unit Grant

This form is for a new Unit to apply for a £50 grant within the first six months of opening

Once signed by the relevant Commissioner, the form should be sent to the Chair of the County Finance Committee (finance@girlguidingsomersetnorth.org.uk)

TO BE COMPLETED BY APPLICANT:

|  |  |
| --- | --- |
| Name: | Membership number: |
| Email: |
| Unit: |
| Unit Registration Number |
| District: | Division: |
| How long has your Unit been running? |  |
| How many active members do you have? |  |
| How many girls are on a waiting list? |  |
| How many Leaders do you have? |  |
| What do you intend to use this money for? |
| What other funding have you applied for? |
| Please provide your Unit Bank Details: Bank …………………………………………………………………………….Account Number ………………………………... Sort Code ………………………………... |
| Applicant’s Signature | Date |
| Commissioner’s Signature | Date |
|  |
| Checked on GO at:6 months yes/no 12 months yes/no County Treasurer’s Use: |
|  |
| Grant awarded:..............................................................Date:........................ |
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This form will be retained securely and used in support of the annual accounts of Girlguiding Somerset North