



**BROMHEAD
MEDICAL CHARITY**

Application Form for Group and Project Funding

Applicants should read “Bromhead Medical Charity: Policy for selecting Groups, Organisations or Projects to support “ to assist in the completion of this application.

Name of Organisation :

Name of Applicant :

Role in Organisation :

Address for Correspondence :

Telephone number :

Email :

Status of Organisation
(eg Registered Charity, Unincorporated Association, Friendly Society) :

Have you applied elsewhere for funding for this same project? (give details) :

Information about the Proposed Project/Spending

Title :

What sum are you requesting?	Capital £	Revenue £
What is the total cost of the Project/Activity?		

Further Financial details should be included in the following section.

Please describe the Project or Group for which you are requesting a grant. (include as much information as possible, including any financial information, business plans, etc – existing documents can be appended to this application form)

.. continued from overleaf

...further information can be appended to this application form

What are the likely timescales of the Project/Activity? :

Please indicate how your proposed Project/Activity meets the Objects of Bromhead Medical Charity :

I/We apply to the Bromhead Medical Charity for funds to be used only for the Project/Activity detailed above. To the best of my/our knowledge and belief all information provided in this application is true and accurate.

Signed Date / /

Name in block capitals

Please return completed form to:
Bromhead Medical Charity, 20 Craypool Lane, Scothorn, Lincoln, LN2 2UU
Telephone: 01673 861412 Email: bromheadmedical@aol.com
Charity Registration No 511893 Company Registration No 1566912