

WOOLER PARISH COUNCIL

ARCHBOLD MEMORIAL TRUST FUND

Name of Group/organisation _____

Address _____

Contact Telephone No _____

Name of Contact Person _____

Charity Registration No _____

Description of activities of group/organisation _____

Summary of proposed project or scheme _____

Breakdown of project costs _____

Income from other sources either received or promised _____

Monies requested from fund _____

You are welcome to attach any other relevant information about you project or organisation.

Bank Account Details.....
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Account number.....

Account Name.....

I am applying for a grant from the Archbold Memorial Trust Fund and agree that any grant from the Fund will be spent only on the project specified above.

SIGNED..... NAME..... Date.....