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|  | **APPLICATION FOR REGION GRANT** | |
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| **FUND APPLIED FOR (please circle)** | | |
| Edward Legacy | Region Chief Commissioner’s Discretionary Fund | |
| King George VI Fund | GOLD | |
| * Complete all parts of the form below. * Send the form to your District Commissioner for signature and onward submission. * Remember to attach envelopes addressed to your County Commissioner and the appropriate person at Region HQ. | | |
| **APPLICANT DETAILS** | | |
| Full name of applicant: |  | |
| Address: |  | |
| *(if application is on behalf of a unit/District/Division give Commissioner/Leader contact details)* | | |
| Date of birth: *(individual applicants only)* | |  |
| Telephone: |  | |
| Email: |  | |
|  | | |
| Unit: |  | |
| District: |  | |
| Division: |  | |
| County: |  | |
| Total cost of project/course: | **£** | |
| Total cost of travel: | **£** | |
| Amount of grant requested: | **£** | |
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| ***PURPOSE OF REQUEST*** | | |
| Please give details for your reasons for applying and the exact purpose for which the money will be used: | | |
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| **OTHER GRANTS APPLIED FOR RELATED TO THIS PROJECT** | | | | | | |
| Please list the persons to whom you have applied for grants/assistance with this project.  Give the amounts applied for and whether or not you have been successful.  (Continue on a separate page if necessary.) | | | | | | |
| **BODY/PERSON APPROACHED** | | | **AMOUNT (£) APPLIED FOR)** | | **AMOUNT AWARDED /**  **UNSUCESSFUL / PENDING** | |
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| **FUND-RAISING ACTIVITIES CARRIED OUT IN FURTHERANCE OF THIS PROJECT** | | | | | | |
| Please list the fund-raising activities that have taken place and amounts raised and those planned with dates  *(N.B. It is accepted that for some applications / projects, it is not always appropriate or possible to fund-raise specifically and hence applicants should not be deterred from applying for assistance if they have not carried out fund-raising activities).* | | | | | | |
| **FUNDRAISING EVENT** | | | **DATE** | | **AMOUNT (£) RAISED** | |
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| **APPLICATION SUPPORTED & SIGNED BY** | | | | | | |
| District Commissioner: | | |  | | | |
| Region Adviser/County Commissioner *(if appropriate)* | | |  | | | |
| (Please add any additional information that you may consider appropriate) | | | | | | |
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| **Payment of grants** | | | | | | |
| Applicants will be informed as soon as possible of the outcome of their application but not more than two months after the application is received at Region Headquarters.  For queries: Tel: 020 8675 7572 email to: [Girlguiding@girlguidinglaser.org.uk](mailto:Girlguiding@girlguidinglaser.org.uk) | | | | | | |
| **NOTE:**  **IF YOUR APPLICATION IS SUCESSFUL, REGION OFFICE WILL CONTACT YOU FOR THE APPROPRIATE BANK DETAILS.** GRANTS WILL BE MADE PAYABLE TO THE INDIVIDUAL’S UNIT OR AREA AS APPROPRIATE i.e. District or Division or Girlguiding.  GRANT MONIES NOT ULTIMATELY USED BY THE APPLICANT FOR THIS PROJECT SHOULD BE REPAID TO THE REGION TO ENABLE OTHER MEMBERS TO HAVE THE USE OF THESE FUNDS. | | | | | | |
| Amount of Grant: | | **£** | | | | |
| Authorised by: |  | | | Date: | |  |