

Grant Application



Please complete this form and return to CashFax Lottery. Thanks

Name of Organisation:			
Address:			
Postcode:			
Contact Person:		Position in Organisation:	
Contact Telephone:		Email Address:	
Is the Organisation a registered charity? Yes or No:			

Briefly Explain your Project:			
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How much grant are you seeking?	£	When does the project start?	
Why do you need this grant and who will benefit?			
What is the total cost of the project?	£		
How will the remainder of the project cost be provided?			
Please detail any other information you wish to give:			
By what date will you provide the final report on the application of CCL grand aid?			
Have you received a CCL grant before?		If yes, what amount was received and when?	

I [We] have read and agree with the criteria for applying for a grant and that the information in this application is correct.

Signatory 1:		Signatory 1:	
Print Name:		Print Name:	
Position:		Position:	
Date:		Date:	