## THE PORTISHEAD NAUTICAL TRUST

## APPLICATION FORM FOR GROUPS OR ORGANISATIONS

Please type this form, or complete in capitals in black ink only Please return to: The Portishead Nautical Trust 108 High Street Portishead BRISTOL BS20 6AJ

The applicant must be an authorised representative of the organisation to benefit by the NAME of organisation and/or branch: ADDRESS for correspondence: County ...... Postcode ...... Tel No ...... Applicant (Mr/Mrs/Miss) ..... Post held in organisation ...... 2 If this application is successful, to whom should the cheque be made payable? Please give details about your organisation and its work, including details (as applicable) of Constitution and copy of audited accounts. 

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5	ANN	NUAL ACCOUNTS	From:	To:
	Inco	me from:		
	a)	Government/Local Authority	£	
	b)	Fees charged	£	
	c)	Companies/Trusts	£	
	d)	Local fund-raising	£	
	e)	Other sources, please give details	£	
	TC	OTAL INCOME		£
	TC	OTAL EXPENDITURE		£
	Su	rplus/(Deficit)		£
	Ca	sh Reserves		£
	0.77			
7	Have	e you enclosed an audited copy of you eyou applied to other organisations for		£
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8	COST	OF	PROJECT	
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	a)	Total cost of project, please specify		£	
	b)	How much has been raised from:			
		- Government/Local Authority		£	
		- local fund-raising events		£	
		- your organisation's cash reserves		£	
		- other sources		£	
			Total	£	
	c)	How much do you expect to raise from:			
		- fees		£	
		- parental contribution		£	
		- all other sources		£	
			Total	£	
	d)	Shortfall (a-b-c)		£	
	e)	Explain how you intend to meet this shortfall:			
			•••••		•••••
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	f)	GRANT REQUESTED FROM THE TRUST		£	
9	Signat	cure of applicant	D	ate	

## 10 SPONSORS

**Note:** In this section we are asking for two endorsements. The first a) must be a professional person who is independent of your organisation, but who knows of your work. The second b) must be an officer of your management committee (other than yourself). Both must be willing to be approached about your application.

a)	Independent:
	Name (Mr/Mrs/Miss)
	Post held
	Organisation
	Address
	Telephone number
	Statement: I know this organisation and can recommend its work.
	Signed Date
b)	Senior Officer:
	Name (Mr/Mrs/Miss)
	Post held
	Organisation
	Address
	Telephone number
	<b>Statement</b> : To the best of my knowledge, the information given on this form gives a true and accurate account of this organisation's work and needs.
	Signed Date

In considering your application the Trust may need more information and may wish for this in writing, or to visit your project, or may require representatives of your organisation to attend a meeting of Trustees.

> Issued by the Portishead Nautical Trust Company Registration No 87906 Registered Charity No 228876 November 1998