

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 grant

1 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?

.....

3 Please give details about your organisation and its work, including details (as applicable) of Constitution and copy of audited accounts.

.....

.....

.....

.....

.....

.....

.....

.....

8 COST OF PROJECT

a)	Total cost of project, please specify	£	
		<hr style="border: 1px solid black;"/>	
b)	How much has been raised from:		
	- Government/Local Authority	£	
	- local fund-raising events	£	
	- your organisation's cash reserves	£	
	- other sources	£	
		<hr style="border: 1px solid black;"/>	
	Total	£	
		<hr style="border: 1px solid black;"/>	
c)	How much do you expect to raise from:		
	- fees	£	
	- parental contribution	£	
	- all other sources	£	
		<hr style="border: 1px solid black;"/>	
	Total	£	
		<hr style="border: 1px solid black;"/>	
d)	Shortfall (a-b-c)	£	
		<hr style="border: 1px solid black;"/>	
e)	Explain how you intend to meet this shortfall:		
		
		
		
		
		
		
f)	GRANT REQUESTED FROM THE TRUST	£	
		<hr style="border: 1px solid black;"/>	

9 Signature of applicant Date

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

Statement: 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