

Friends of Fairford and Lechlade Communities
COVID-19- SUPPORT FOR THE COMMUNITY - APPLICATION FORM

Please read the accompanying Application Guidelines before completing this form.



Sections marked with an * **MUST** be completed.

Applicant's Name:*	
Organisation Represented and Charity No. <i>(not required for individual applicants)</i>	
Position in Organisation:	
Full Address for Correspondence: *	
Main Contact Phone Number:*	
E-mail Address:*	
Name and Address of a Referee*	

Briefly describe why funding is required (itemise each item of expenditure in the boxes below)*

Details of Spending Required*	Amount £*
TOTAL*	

DECLARATIONS

I have included Proof of Identity Y/N I confirm this is a not for profit organisation Y/N

Signed* (not required for emailed applications)

Bank Details / Payment Arrangements

Bank Sort Code (xx-xx-xx)*	
Account Number*	
Account Name*	