

Funding Application Form for Local Charities



Please complete the form

Name:	Phone No:
Address:	Email:
Post Code:	
Name of organisation or individual	
Charity Number / Not for Profit number	
Please state the capacity in which you act	e.g. Treasurer

State briefly the purpose of the application:

If you have costings of the project, please outline them briefly:

Signed & Dated x _____

Return form to the address below or email it to: shauna.morgan@vale.com

Office Only

Application No.	Approved / Rejected	Amount:	Date:
-----------------	---------------------	---------	-------