**Application for Funding**

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| --- | --- |
| Charity or association name |  |
| Address |  |
| Telephone |  |
| E-mail address |  |
| Website address |  |
| Full names of chair and treasurer |  |
| Charity No. or other ID No |  |
| Amount requested |  |
| Purpose |  |
| Benefit to community: |  |
| Date of request: |  |
| Signature of chair: |  |