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|  | **CHEPSTOW AND CALDICOT LIONS APPLICATION FOR SUPPORT** |
| **Applicant Details:** | **Application No.** |
| Name:  | Date of Application:  |
| Address:Post Code: | Telephone No: |
| Email: |
|  |  |
| **Details of organisation seeking support:** |
| Name:  | Date of Application: |
| Address:Post Code: | Telephone No: |
| Email: |
| Web site: |
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| How would you like Chepstow and Caldicot Lions to support you/your organisation?*If you have a cost breakdown of the project or further details of the support required, please include on an attached sheet.* |
| When is the support required? |
| How will you manage the project?(*Please also explain* *your insurance arrangements, both in relation to any equipment and facilities purchased by the grant and in relation to any risk of injury by reason of the project or purpose for which the grant is awarded)* |
| Have you received support from Chepstow and Caldicot Lions in the past? Please give details: |
| Are you eligible for support from any other organisation? Please give details: |
| Have you secured support from any other organisations/charities? Please give details: |
| What funds do you currently have available? |
| If your request is successful to whom should the cheque be issued*? Please note payment will only be made on production of receipts or invoice. We will not generally pay individuals.* |
| **Please return the completed form by email to** **mtanddharrison@btinternet.com****, or alternatively post to: Lions Club Secretary, 31 Edmond Locard Court, Chepstow, NP16 6FA** |
| **BEFORE COMPLETING THIS APPLICATION FORM PLEASE ENSURE THAT YOU HAVE** **READ AND WERE APPROPRIATE COMPLETED THE FOLLOWING ATTACHED DOCUMENTS: -**1. **Chepstow and Caldicot Lions (CIO) Grant Making Policy**
2. **Chepstow and Caldicot Lions (CIO) Data Protection FORM.**

**PLEASE NOTE CHEPSTOW AND CALDICOT LIONS CLUB IS A REGISTERED CHARITY NO. 1182562 AND IS ZERO RATED FOR VAT PURPOSES.**  |
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| **LIONS RECORD:** |
| Date Application Received: | Date considered by Welfare Committee: |
| Welfare Committee recommendation:Minute reference/date: |
| Date reported to Trustees: | Trustees decision:Minute reference/date: |
| **Invoices/Receipts Received?**  |
| **Where appropriate:**Cheque No: Amount £ Signatories: 1.  2. |