



THE BREAD OF LIFE CHARITY SHOP

REQUEST FOR FUNDING

DATE: _____

NAME OF ORGANISATION SUBMITTING REQUEST:

1. AMOUNT REQUESTED £ _____

2. PURPOSE FOR WHICH FUNDING REQUIRED, INCLUDING DETAILS OF TOTAL COSTS.
PLEASE NOTE WE ARE UNABLE TO SUPPORT PROJECTS COSTING IN EXCESS OF £10,000.
(please attach any supporting papers)

3. DETAILS OF THE SOURCE(S) OF ANY ADDITIONAL FUNDING WHICH MAY BE
REQUIRED IN ORDER TO COMPLETE THE PROJECT

By signing this application I/we acknowledge that confirmation of any additional funding,
on which the project may be dependent, will be required before any funds are released.

SUBMITTED BY _____ (signature)

PRINT NAME _____

ADDRESS _____

ROLE IN ORGANISATION (eg Treasurer) _____

If application is successful a cheque will be issued payable to the submitting organisation
at the address listed above, unless otherwise agreed.