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| 65_torridon01_signpost | COMMUNITY FUNDAPPLICATION FORM |  |
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| Name of Organisation:Type of Organisation i.e Registered Chairty | Registered Address: |
| Applicant Name:Position: | Address (if different from above): |
| Geographical area covered: |
| Please give a brief description of what the organisation does: |
| Amount of funding requested: |
| Please give a brief description of how the money will be used: |
| Signed: | Date: |
| Print Name: | Date Approved: |

Please return to:

Communityfund@albynhousing.org.uk

Please provide a scanned copy of your organisation’s Bank Paying-in Slip, as proof that you have a bank account set up for the group.