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| 65_torridon01_signpost | COMMUNITY FUND  APPLICATION FORM | |  |
|  |  |  |  |
| 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](mailto: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.