**Nominee details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Membership Number | |
|  | |  | |
| Unit | District | | Division |
|  |  | |  |

**Nominating Leader’s details**

|  |  |
| --- | --- |
| Name | Contact details (email or phone number) |
|  |  |

Details of the event/activity to be attended

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Date of event/activity |  |
| Fee charged by organiser |  |
| Additional costs needed to attend  i.e. equipment, insurance, medical costs  (if applicable, please give detailed breakdown) |  |
| Total cost |  |
| Nominee’s personal/parental contribution |  |
| Other grants applied for  (if applicable, please give breakdown including amounts requested/received) |  |

|  |
| --- |
| Please tell us the reason for this grant application |
|  |
| Please tell us how it will make a difference to the nominee |
|  |

In the event that the application is successful, we require the following information:

|  |  |
| --- | --- |
| Cheque payee  (must be Unit or event organising body) | Name and address to send the cheque |
|  |
|  |

Unit annual accounts

|  |  |
| --- | --- |
|  | I attach a copy of the unit’s most recent annual income and expenditure account, including the bank and cash balances at the year end. |

**District/Division Commissioner**

I am aware of this application and support the request for consideration by the County Finance Committee.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name |  | | |

(if returning this application by email, it should be emailed by the District/Division Commissioner)

Application forms should be sent to the Chair of the Finance Committee by email or post

Rachel Hayler finance@bedsguiding.org.uk

6 Sphinx Place, Dunstable, Beds LU6 1DF