|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Contact Name, Telephone Number & E-mail Address:** |  |
| **Project Title:** |  |
| **Organisation Address:** |  |
| **Total Cost of Project:** |  |
| **Amount requested:** |  |
|  |  |
| **Project Summary:** | |
|  | |
| **Project Outcomes:** | |
|  | |
| Explain how your project meets the Annandale & Eskdale Area Committee Anti-Poverty Grant Criteria and the Anti-Poverty Strategy 2015-2020 Vision and Objectives | |

|  |  |
| --- | --- |
| **Item of Eligible Expenditure** | **£** |
|  |  |
| **Total** |  |

One of your Office Bearers must complete the two boxes below to confirm that all of the details completed above are correct:

|  |  |
| --- | --- |
| **Name of Signatory & Title** | **Signature & Date Signed** |
|  |  |

Please email your completed form to [grantapplications@dumgal.gov.uk](mailto:grantapplications@dumgal.gov.uk). When submitting this application, please also send details of your organisation’s Bank Account on your organisation’s headed paper (this must be signed by at least one signatory to the bank account); a copy of your organisation’s signed Constitution; and a copy of your organisation’s most recent annual, independently certified, accounts.