**JY RUSSELL BEQUEST TRUST**

 Name of organisation:

 Year of establishment:

 Date of application:

 Amount requested:

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|  |

 Contact name: Post held:

 Address:

 Post Code:

 Telephone:

 E-mail:

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 Description of project for which support requested, with costs:

 Please enclose detailed budget with competitive quotes if possible.

 How much of total requirement will be met by the applicant?

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 Number of members who will benefit: Adults:

 Under 18:

 What percentage of your members live in North Berwick?

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| --- |
|  |

 Names of other grant making bodies applied to/outcome:

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 Is membership of your Club open to the general public? YES/NO

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Are you VAT registered? YES/NO

 VAT Registration No.

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|  |

 Signed: ......................................................... Signed: .........................................................

 Chair Treasurer

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 Please enclose a copy of your Constitution and most recent annual accounts including Balance Sheet.