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**Request for Funding for Group/School/Club**

Name

Amount to fund

Date required for funding

Address:

Postcode:

Recipient details

Do you have liability insurance? Yes No

Email Address

Contact Number

Total cost of project

Details of project funds

Sort Code:

Bank Details: Account No:

Fund Manager Signature

Date

Print Name

Detailed description of

request for funding

Please return to: admin@angeltrust.co.uk

or post to Belvedere House, Kingsway, Bishop Auckland, DL14 7JN

Notice to all applicants Please note Angel Trust do not provide funding retrospectively

**Finance Use Only: Board Meeting:**

Fund Name ………………………………………………………………………………….

Date Form Received ………………………………………………………………………………….

Department Number ………………………………………………………………………………….

Posted to Bankline ………………………………………………………………………………….