**Support and Opportunities Fund**

**Application Form**

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| --- | --- |
| **Name of person submitting application Form:** |  |
| **Membership Number:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Date of Application:** |  |
|  | |
| **Which element of the fund are you applying under?** | *A/B/C/D/E* |
| **If this for an individual/section/group/**  **District/activity team** | *Please state and then provide full details* |
| **Total amount requested:** |  |
| **Date period monies will cover:** |  |
| **Reason for Application:**  (Please attach Business case or supporting information if this is required) |  |
| **Are you compliant with ALL the conditions stated?** |  |
|  | |
| **For Individual applications, Name of Line Manager:**  **For Group applications, Name of District Lead Volunteer** |  |
| **Bank Details for monies to be paid, or details of who cheque needs to be payable to:** | *For individual applications this can be a personal account. For all others the account must be a group/District account.* |
|  | |
| ***For County Purposes only*** | |
| **Reference Number:** | *000* |
| **Date Reviewed:** |  |
| **Approved?** | Y/N |
| **Notes:** |  |
| **Date paid if applicable:** |  |