



S4B COMMUNITY FUND 2024 APPLICATION FORM

LEAD NAME: _____

NAME OF GROUP (IF APPLICABLE): _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

DETAILS OF EVENT/ACTIVITY: _____

DATE OF EVENT/ACTIVITY: _____ AMOUNT REQUESTED: £ _____

I have read and understood the terms and conditions of the
Community Fund

Signed _____

Date _____

Office use only

Request: accepted/declined (delete as necessary) Amount Approved: £ _____

Date: _____ Signed: _____

