



## Bucks Masonic Centenary Fund Grant Application Form

Contact Name: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Full Name of Organisation: \_\_\_\_\_

Address of Organisation: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

If successful to who should a cheque be made payable: \_\_\_\_\_

When was the Organisation/Group established: \_\_\_\_\_

What is the organisational structure, please indicate:

Registered Charity    Y    N    Reg Charity No. \_\_\_\_\_

Registered Company                                  Y    N

Applying for Registered Status                                  Y    N

Individual    Y    N

Other Please State: \_\_\_\_\_

Are You a National Charity/Organisation:                  Y    N

Please detail: \_\_\_\_\_

Which area do you cover: Town, Village or Area:

\_\_\_\_\_



Brief details of the project and equipment to be purchased:

**Please Supply as much additional information relating to the project as possible separately.**

What is the total cost of the project? \_\_\_\_\_

How much funding are you seeking? \_\_\_\_\_

How would this grant be beneficial to the project?

Please explain how you know that your community supports this project?

Please outline how the project will benefit your community?



What benefits do you expect if successful with this application?

How would the project be funded going forward?

Project Start Date: \_\_\_\_\_

Who will benefit from this grant?(Please Tick those that apply)

Individual

Minority or Ethnic Groups

Families

Local Residents

Children and Young People

Disabled individuals

The Elderly

Other (please State): \_\_\_\_\_

Have you applied for other grants from other organisations?      Y      N

If Yes, Detail the organisation and the amount



Please advise of any Fund Raising Activities and amounts raised

Would you be happy if successful to allow joint publicity with the BMCF or  
Province of Buckinghamshire Freemasons?                    Y        N

Would you allow a sticker/ plaque to be attached to equipment if funding is granted        Y        N

Thank you for completing this application. Please return with any supporting information and a copy  
of current accounts to:

Post:  
Mr Tim Anders  
The Old Stables  
Pyrton  
Oxon  
OX49 5AN  
Tel 07768 511998

Email: [bmcf@buckspgl.org](mailto:bmcf@buckspgl.org)

**OFFICE USE ONLY**

REF:

DATE RECEIVED:

APP:

AMOUNT: