



WARDEN and FREEMEN of MALMESBURY

SMALL GRANT APPLICATION FORM

Date of Application :

ORGANISATION DETAILS

Name and address of Organisation	Tel Number
	E mail
Contact Name of Individual	Tel Number
	E Mail
Bank details for grant payment	
Bank	
Account name	
Sort Code	
Account Number	

Are you charity or not for profit organisation operating primarily within Malmesbury? YES/NO *

OR

Are you a county wide project which can prove benefits for and accessibility to Malmesbury residents? YES/NO*

OR

Are you a member of Warden and Freemen raising funds for the above organisations ? YES/NO*

*If no please check you meet our funding criteria.

