



Application for Funds to cover loss of income

Name and address of Organisation	Organisation Name: Address:
Main Contact and phone number	Name: Number:
Charity number if appropriate	
Amount of income in a normal calendar year	
Average monthly income in a normal calendar year	
Monthly income from April 2020 to December 2020	
Projected income from January 2021 to May 2021	
Estimated savings from April 2020 to May 2021	
Estimated total loss from April 2020 to May 2021	
Amount bid for	

Please note that funds are limited so we may only be able to make a partial contribution. Our aim is to help as many Barlborough organisations as possible.

Signed by: _____

Name in
Block Capitals: _____

Position in
Organisation: _____

Date signed: _____