# C:\Users\Derek\Downloads\ElyDioc NEW Logo 2025.png

**APPLICATION FOR GRANT AID FROM ELY DIOCESAN MOTHERS’ UNION**

**SUSAN BAKER MEMORIAL FUND**

**Name of your organisation:**

**Address of your organisation:**

**Name of main contact person – title/first name/surname:**

**Position in organisation – chair/leader/treasurer etc:**

**Address for correspondence if different from above:**

**Main contact’s email address:**

**Main contact’s phone number:**

**Does your organisation have charitable status?**

**If yes, please state number:**

**Describe briefly the aims and main activities of your organisation:**

**Purpose for which grant aid is requested:**

**Is this an existing or new activity/project? Please give details of when it commenced/will commence and whether it is ongoing or for a fixed term:**

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**FINANCIAL INFORMATION**

**Please supply full financial details of your organisation including a current financial statement and a copy of your accounts for the last financial year**

**Amount of grant requested – maximum £500: £**

**Is this the full cost of the activity/project or part? Please give full financial details of how the activity/project is being, or will be, funded:**

**Are you in receipt of any other grants from statutory or voluntary bodies for this activity/project, or in the process of making applications? Please list**:

**Have you applied to the Mothers’ Union before?**

**Have you received a grant from the Mothers’ Union before?**

**If yes please give date and amount of most recent grant:**

**Signature of applicant**

(Digital accepted)

**Date**

Please send your application by email or post to:

Mrs Jean Webb

Ely Diocesan Mothers’ Union

35 Norfolk Road

Ely

CB6 3EJ

Email: jmw35n@gmail.com