

AVIATION PRESERVATION RESTORATION AND EDUCATION SOCIETY



FUNDING APPLICATION FORM	
DETAILS OF FUNDING REQUEST (Applicant Section)	
RESTORATION <input type="checkbox"/>	PRESERVATION <input type="checkbox"/>
EDUCATION <input type="checkbox"/>	
<u>APPLICANT:</u>	<u>ADDRESS:</u>
<u>IS APPLICANT A REGISTERED CHARITY?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>IF YES, ENTER REGISTRATION NUMBER</u>	
<u>IF NO, Describe how the project/programme 'for charitable purposes' criteria can be verified.</u>	
<u>EMAIL:</u>	<u>TELEPHONE:</u>
<u>DESCRIPTION/SCOPE OF FUNDING REQUEST</u>	
<u>FUNDING REQUESTED</u>	<u>TIME FRAME:</u>
<u>RATIONALE IN SUPPORT OF FUNDING REQUEST</u>	

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EXPERT EVALUATION (Trustees Section)	
DATE RECEIVED BY APRES:	TRUSTEE RESPONSIBLE:
EXPERT NAME:	DATE REVIEWED:
<u>EXPERTS EVALUATION</u> MEETS FUNDING CRITERIA Yes No <input type="checkbox"/> <input type="checkbox"/> VALUE JUDGEMENT High Med Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>EXPERTS RATIONALE</u>
FUNDING	
IS FUNDING APPROVED: Yes No <input type="checkbox"/> <input type="checkbox"/>	<u>TOTAL SUM:</u> <u>DATE BY:</u>
<u>SPECIFIC CONDITIONS OF FUNDING</u>	
<u>FUNDING AGREEMENT</u> (incl. method)	<u>EXPENDITURE MONITORING CONDITIONS</u>

TRUSTEES SIGN OFF		
PRINT NAME	SIGNATURE	DATE