

# RLSS UK Lifesaving Grant Application Form



Name of Organisation:

RLSS UK Membership No:

Membership Expiry Date:

Contact person:

RLSS UK Membership No:

Membership Expiry Date:

Contact Address:

Telephone:

Email:

What the direct benefits to the Society will be if the Grant is approved:

*(Delete this text and type your information here)*

Please outline how the money will be spent?

*(Delete this text and type your information here)*

What methods will you use to monitor and evaluate the success of this scheme?

*(Delete this text and type your information here)*

Have you applied to anyone else to help fund  
the same project?      Yes       No

If 'Yes' Who?

How much have you applied for?      £

Has your application been approved?      Yes       No       Awaiting outcome

If you are still waiting the result of your application, what date do you expect to be notified of the  
outcome?



Copy of your latest accounts enclosed?      Yes       No

If 'No', please give a brief explanation of why you are unable to enclose a copy of your latest  
Accounts.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ RLSS No: \_\_\_\_\_

Position: \_\_\_\_\_

