

RECEIVED

12 DEC 2019



CAMBOURNE PARISH COUNCIL

District of South Cambridgeshire

APPLICATION FOR FINANCIAL ASSISTANCE

1 Name of Organisation:	MAGPAS AIR AMBULANCE
2 Name, address and telephone number of correspondent (and office held):	CENTENARY HOUSE, ST MARY'S STREET HUNTINGDON, CAMBRIDGESHIRE, PE29 3PE
3 What are the objectives of your organisation?	MAGPAS AIR AMBULANCE IS A MEDICAL CHARITY THAT SAVE LIVES. OUR MEDICS TAKE ENHANCED EMERGENCY MEDICAL CARE TO PATIENTS IN THEIR MOMENT OF NEED.
4 Is membership/support open to any resident of Cambourne, regardless of sex, age, ethnic origin, religion, disability or sexual orientation? If not, please give reason:	YES.
5 Amount of grant applied for £	100.
6 Purpose for which the money will be used. Please explain clearly and simply the reason for your request. (a separate sheet can be used if required)	OUR REQUEST IS FOR A GRANT TOWARDS RUNNING OUR PHARMACY STOCK WHICH ENSURES WE CAN TREAT PATIENTS WITH DRUGS NOT CARRIED BY LAND AMBULANCES.
7 Have you applied for grant aid to any other organisation (including local authorities)? If so, to whom (please give details of the decision on your application): (a separate sheet can be used if required)	

ENCLOSED.

8 Is there anything else you wish the Parish Council to take into account when considering this application? (a separate sheet can be used if required)

PLEASE SEE ENCLOSED INFORMATION.

9 Please ensure that you have attached up to date examined accounts in support of this application.

Yes / No

If no please explain why not.

10 Bank Details If Grant approved can be paid directly.

Bank Name:

Account Number:

Sort Code:

Account Name.

Supporting Documents to be supplied with this Application.

Constitution



Committee Membership

Financial Information

page 50 in annual accounts