GOVERNMENT OF BERMUDA

Office of the Premier

Application for Grant

• Section 1 – Details of Organization/Person

1.1	Name of Organization		
1.2	Primary Contact		
	Full Postal Address		
	Telephone number		Fax
	Email		
1.3	Legal constitution of organizat (E.g. registered charity, limited	tion d company, etc)	
1.4	Name of fund for which applyi (Confiscated Assets Fund)	ng for	
1.5	Summarize your organizations	S:	
	(a) Overall aims and objectives		

1.6 What factors have determined this project goal?

• Section 2 – Grant Details

2.1 Total amount requested (attach detailed budget for project and organization)

2.2 Have you received any other Government grant? (attach detailed budget)

• Section 3 – Certification

On behalf of (insert organization's name)

We apply for a grant of (insert applied for amount)

In respect of expenditure to be incurred in the financial year ending March 31, 2025 the programs specified in Section 1.6

We certify that to the best of our knowledge and belief that the statements made by us in this application are true and that the information provided is correct

Signature	
Name in BLOCK LETTERS	
Name in BLOCK LETTERS	
POSITION	