

Application for County Growth & Retention Grant for New Units and New Back to Back Units

| Name of new unit | |
|---|--------------------------------------|
| Is this a new Back to Back unit? | Yes/No |
| Unit's Level Number | |
| Date Registered on GO | |
| Name of Unit's Main Contact | |
| | |
| Please supply your unit's bank det | tails for us to make a bank transfer |
| Bank: | |
| Account Name: | |
| Account Number: | |
| Sort Code: | |
| | |
| Current Number of girls | |
| Current number of Leaders | |
| Unit's Level Number | |
| Date Registered on GO | |
| Name of Unit's Main Contact | |
| | |
| I wish to apply for a county new unit grant. | |
| Signed (Local Commissioner): | |
| Date: | |
| Please return completed form to: growth@girlguidingglos.org.uk | |