



PROJECT GRANT APPLICATION

ASSOCIATION NAME

Skinnarila makeupclub ry

LOCATION OF THE EVENT/PROJECT

Lappenranta

TIME

01.01.2021

CONTACT PERSON

Matti Meikkaaja

PHONE NUMBER

E-MAIL

040 0000 000

matti.meikkaaja@example.com

NUMBER OF PARTICIPATING LTKY MEMBERS

10

NUMBER OF PARTICIPATING KOE MEMBERS

10

ASSOCIATION BANK ACCOUNT NUMBER

Cash

DESCRIPTION OF THE EVENT/PROJECT AND REASON FOR APPLYING THE GRANT

We organize a makeup evening for the members of the association. The event will be held on New Year's Day, so that everyone can start the new year with the current makeup trends.

The event is intended to practice the most fashionable make-up looks of the spring and we





are applying for a grant to acquire new makeup materials. At the end of the application, an
The action plan of the association is also attached for the year 2021.

EVENT/PROJECT BUDGET/ESTIMATE

	EXPLANATION	Amount
INCOME:	Admission fee 20 x10e	200e
EXPENSES:	Eyeshadow	-50e
	Makeup brush	-30e
	Eyeliner	-80e
	Contour palette	-20e
	Food	-100e
TOTAL:		-80e



Amount applied: 40e (half of 80e)

Applied for grant: Before the event/project After the project

Association funds before the grant: 50e

REQUIRED ATTACHMENTS:

- COPIES OF PURCHASE RECEIPTS OR DOCUMENTS
- ACTION PLAN FOR THE ASSOCIATION FOR THIS YEAR (IF NOT PROVIDED BEFORE)

MEMBER SERVICES COMMITTEE FILLS:

APPLICATION PROCESSED (DATE): _____

ACCEPTED

GRANTED AMOUNT : _____ €.

DECLINED

REASONING:
