



PROJECT GRANT APPLICATION

ASSOCIATION NAME

Skinnarila makeupclub ry

LOCATION OF THE EVENT/PROJECT

Lappenranta

TIME

01.01.2024

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

FI04 XXXX XXXX XXXX

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

We organise a make-up evening for members of the association. The event will take place on New Year's Day,

so that everyone can start the New Year with current make-up trends.





To practise the most fashionable make-up looks of the spring and we are looking for a contribution for new make-up accessories.

At the end of the application form, please find attached a plan of action for the association for the year 2023

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:
