

**Healthy Sheffield
Grow Grants**

Agreement Form for Approved Applicants

I, _____
(Please print your name above)

on behalf of

(Please print name of group above)

accept the conditions of Healthy Sheffield GROW grant listed below:

- I undertake to spend the grant on activities outlined by the letter of offer
- I undertake to send in a brief report to the Healthy Sheffield Support Team to describe the activities resulting from the grant aid as soon as possible after expenditure
- I undertake to acknowledge Healthy Sheffield Healthy Gardening Group as appropriate in any publicity, reports etc.
- If the grant is for the costs of printing materials e.g. leaflets, I undertake to send Healthy Sheffield Healthy Gardening Group a copy for information before accepting payment of the grant
- I undertake not to publish any material which supports one particular political party from the grant aid, although I realise this condition does not preclude statements of fact

Bank account to which the grant should be paid

Name _____ Account No. _____

Signed _____ Date _____

Please return this form to:

Peter Drummond
Healthy Sheffield
Room 223 Old Town Hall
Pinstone Street
Sheffield S1 2HH

Tel: 273 5868 / 273 5869