

A PROJECT FUNDED BY THE EUROPEAN UNION DELEGATION GHANA

GRANT APPLICATION FORM

S/N	ITEM	RESPONSE
1.	Name of Cooperative / Association / Social Enterprise:	
2.	Location:	
3.	Background Information:	
4.	Date Registered:	



Reference number on registration Certificate:	
Membership Size:	
Key Activities in the last three years:	
Purpose Grant Requested:	
Item and cost of Grant:	
Control Mechanism:	
	Membership Size: Key Activities in the last three years: Purpose Grant Requested: Item and cost of Grant:

