Community Development Officer's Project Fund

Grant Application Form

Name of organisation:				
Name of project:				
Contact name:				
Address:	Position in organisation:			
Telephone Numbers - Daytime:	Evening:			
Email address:				
Outline of project for which assis	stance is needed: nmunity and give evidence of community support)			
· ·				
Date project will begin:	Duration:			





















Cost of project:	(Please give details)		
Initial costs	£	Running costs	£
Amount sought fro	om Project Fund:	£	
Money from other	sources: (Either recei	ved or applied for)	
Please Note: A condition your Town or Parish Country		ou should seek a contribution tow	vards the project from
Funding b	oody	Amount	
Please include a bud with your application	get and accounts		
If we are unable to	help with funding,	what will the effect be?	
If this application i payable to:	s successful, we w	vill need details of who t	o make cheque
Name of account haddress:	older:		
How did you find o	out about this Proje	ect Fund?	
Signed:		Date:	

Please return to: **Paul Philpott**

Community Development Officer (Area West)
South Somerset District Council

Holyrood Lace Mill Holyrood Street Chard, TA20 2YA