

# Application Form



## 1. Your organisation's name and address

Name of  
organisation

Address

Postcode

## 2. Main point of contact for this application

Name

Position in  
organisation

Email address

Daytime  
Tel No.

Address

Postcode

## 3. Project Name

## 4. What is your project about?

## 5. What do you need funding for?

**6. What geographical area does your project cover?** *(please tick)*

Parish       Town       Whole West Devon

Other *(please state)*

**7. How is your project supported?**

*(Does it link to a village / parish emerging neighbourhood plan? Do you have evidence of community support or need?)*

**8. Who will benefit from your project?** *(e.g. Young people, older people, ethnic groups, specific groups / organisations, the whole community etc.)*

**9. When will your project start and finish?**

Start date       Finish date

**10. How much are you applying for?**

This grant       Total cost of project

**11. What other funding (if any) do you already receive from this council?**

*(e.g. rent subsidy, annual revenue grants etc)*

Funding	<input type="text"/>	Amount £	<input type="text"/>
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**12. Have you previously applied to this fund?**

Yes  No  If yes, please give details

**13. What other funding is this project receiving? *(if any)***

Organisation / Group	Amount £
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**14. Project Bank Details**

Name of Bank	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>	Sort Code	<input type="text"/>
Name (print)	<input type="text"/>	Date	<input type="text"/>
Signed	<input type="text"/>		

**When completed please return this application form to the Council at [localities@swdevon.gov.uk](mailto:localities@swdevon.gov.uk)**

**or send to: Localities, West Devon Borough Council, Kilworthy Park, Tavistock PL19 0BZ**

All our publications are available to view on our website or in alternative formats such as large print. Please contact us on 01822 813600 or e-mail [customer.services@westdevon.gov.uk](mailto:customer.services@westdevon.gov.uk)

# To be completed by the Ward Councillor

Recommend Grant

Reject Grant

**Comments** *(if appropriate please ensure reasons for rejection are included)*

Name (print)

Date

Signed

## Declaration of Interest

*(please state if you have a personal or prejudicial interest to declare in this application)*

## For internal use use only

Date application received

Added to xls

Checked

Approve Grant

Refuse Grant

Signed

Date

Email to applicant, cc Ward Councillor/s

Date

Payment processed



West Devon  
Borough  
Council