

## WARWICKSHIRE COUNTY COUNCIL RUGBY AREA COUNCILLORS' GRANT FUND 2016/17 EARL CRAVEN DIVISION APPLICATION FORM

The name of the Councillor to whom you are applying for money is:

**Cllr Heather Timms** 

## PLEASE ENSURE THAT ALL SECTIONS OF THE APPLICATION FORM ARE COMPLETED

Name of project		
Name and status of your Organisation		
Contact details Name: Address:		
Email: Phone:		
How much money are you asking for from this Fund?		
What do you want the money for?		
Please provide a clear description of your project, including:		
A full explanation of your project		
Where the project will take place		
When the project will start and finish		
Budget	Item	Amount (£)
Please provide a detailed breakdown of how you will spend the money		

What is the total cost of the project?	
Have you got any other funding for your project?	
Who will benefit from the	
project?	
How will the community be involved in the project?	
Will any volunteers be involved in the project? If so who and	
how many?	
How do you know there is a need for this project?	
How does this project	
contribute to the key priorities identified for this locality and / or WCC?	
Please see section 6 of the guidance notes	
How will you know if your project has been successful?	
How will the project be	
funded/supported after the grant has been spent?	
Are you working with other organisations on the project?	
Signature of applicant	
Date of Application	

OFFICE USE ONLY Councillor recommendation: Signature of WCC Councillor:	Yes No [		
Amount offered:	£		
Declaration of interest			
Details:			
N/A:	Signature:		
Offer ratified: Yes	No	Amount: £	
Signature:			
Please return your completed form to:			

Warwickshire County Council Rugby Area Team Room 43, Town Hall Evreux Way Rugby CV21 2RR

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