

**Grant no:**

**LOCAL COUNCILLOR INITIATIVE FUND  
APPLICATION FORM**

**Name of Group/Organisation:**

**Contact Name:**

**Contact Address:**

**Daytime Telephone Number:**

**Email Address:**

(acknowledgment of receipt of application will be made via email)

**Objectives of your Organisation:**

**Clearly describe the project for which you are applying for funding. The description should explain what the money will actually be used for:**

**How do you know there is a need for the project?**

**Has the community been consulted about the project – how?**

**Which of the following groups will your project benefit?  
(please tick as many as apply)**

|                     |                          |                 |                          |                    |                          |
|---------------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|
| <b>Elderly</b>      | <input type="checkbox"/> | <b>Disabled</b> | <input type="checkbox"/> | <b>Women</b>       | <input type="checkbox"/> |
| <b>Young People</b> | <input type="checkbox"/> | <b>Families</b> | <input type="checkbox"/> | <b>Unemployed</b>  | <input type="checkbox"/> |
| <b>Volunteers</b>   | <input type="checkbox"/> | <b>Other</b>    | <input type="checkbox"/> | <b>Communities</b> | <input type="checkbox"/> |

**Village / Parish / Area covered by project:**

**How many people will benefit from the project?**

**How many volunteers will be involved?**  
(an estimate will do)

**Planned Start Date:**

**Planned Finish Date:**

**Have you applied for all relevant permissions/consents? Yes  No**

**What is the total cost and what is the source of any extra funding?**

**Grant requested by your Group / Organisation:**

(For joint bids this includes the total of all Councillor Contributions)

**Is your Group / Organisation able to reclaim VAT? Yes  No**

**If yes, please provide your VAT number:**

**How will the project be sustained financially after the grant ends?**

**Grant awards will be paid via BACS wherever possible. Please indicate at this stage the name of the account into which your payment would be made. Further banking details will only be requested if and when a funding offer is made.**

**Please enclose a copy of the following with your application form:**

- Constitution or governing document
- Quotes/estimates for items over £50
- Either: your latest accounts; or your last bank statement

**Please ensure Councillor signature is obtained before the form is sent to WLDC.**

NB Do not send originals as these will not be returned.

**DECLARATION:**

The information on this application form is, to the best of my knowledge, correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please include any supporting material on a separate sheet and return together with your completed application form to Claire Vessey, Support Officer, The Guildhall, Marshall's Yard, Gainsborough, Lincolnshire, DN21 2NA.

Ward Councillor's Name: \_\_\_\_\_

Ward Councillor's Signature: \_\_\_\_\_  
(Indicates approval to the proposals)

**Joint bids please complete page 4**

CLOSING DATE FOR ALL APPLICATIONS IS 31 DECEMBER 2014

**Councillor two:**

Ward Councillor's Name: \_\_\_\_\_

Ward Councillor's Signature: \_\_\_\_\_  
(Indicates approval to the proposals)

Grant Contribution: \_\_\_\_\_

**Councillor three:**

Ward Councillor's Name: \_\_\_\_\_

Ward Councillor's Signature: \_\_\_\_\_  
(Indicates approval to the proposals)

Grant Contribution: \_\_\_\_\_

**Councillor four:**

Ward Councillor's Name: \_\_\_\_\_

Ward Councillor's Signature: \_\_\_\_\_  
(Indicates approval to the proposals)

Grant Contribution: \_\_\_\_\_

**Councillor five:**

Ward Councillor's Name: \_\_\_\_\_

Ward Councillor's Signature: \_\_\_\_\_  
(Indicates approval to the proposals)

Grant Contribution: \_\_\_\_\_

