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| --- |
| **For Office Use Only** |
| Applicant: |  |
| Date Received: |  |
| Date Acknowledged: |  |
| Amount Requested |  |
| Reason for funding |  |
| Date of meeting: |  |
| Decision: |  |

**COLONSAY & ORONSAY COMMUNITY FUND**

**APPLICATION FOR**

**FINANCIAL SUPPORT**

**Short Form**

**(for applications by**

**community members under £1000)**

**COMPLETED FORMS SHOULD BE RETURNED TO:**

**COCF Administrator** **william.young@colonsayandoronsaycommunityfund.com**

1. YOUR DETAILS

|  |
| --- |
| **Name & Address** |
| Name:  |
| Address: |
| Post Code: |
| Email:  |
| Telephone Number: |
| What is the best way to get in touch with you? Email:Landline:Mobile:Text:WhatsApp:Other: |  |
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1. **FUNDING REQUEST**

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| --- |
| **Amount & Use of Funding** |
| Please say how much funding you want and explain how the money will be used. Tell us how you think this will be of benefit to the community. |

1. **DETAILS OF PROJECT**

|  |
| --- |
| **Section 3 Project Costs** |
| Please give details of how much everything will cost: labour, materials, equipment etc. |
| ITEM OF EXPENDITURE | COST |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL COST  |  |

1. **DECLARATION**

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| --- |
| I can confirm that, to the best of my knowledge, all the answers given above are true and accurate. I understand that details contained in this form will be processed by the Community Council. I am aware that by submitting this application I am agreeing to the publication of the application details in any form that the members of the Fund choose. I am also aware that the amount and conditions of any award granted will be made public. |

Signed:

Date:

Print name: