

WARWICK DISTRICT WW1 – COMMEMORATION GRANTS APPLICATION FORM

2014/15

Please identify the community forum you are applying to:							
Kenilworth	North Leamington	South Leamington		Rural East	Rural West	Warwick	Whitnash
Name of applying group							
Name of contact person, and postal address							
Email address							
Phone number							
Describe what you want the money for. When do you anticipate you will have spent it all?							
How much money are you asking for, and what will you use it for? • If you have to pay VAT you must include VAT in your total			TOTAL SUM REQUESTED = £				
				ITEN	MISED LIST O	F COSTS	
Describe how much of your organisation's own money or resources you are putting in. (If none, please say why.)							
If you have applied for other grants for this work, tell us:							
	much e from grant has been a	awarded					
Describe the WW1 Commemorative activity							
• Who do	ny people will be you aim to benef you let people k vity?	it?					
Which geographical area will you focus on? (e.g. a neighbourhood or parish.)							
If you are going to operate from a building, please tell us where it is.							
Name any groups or agencies working							

with you on this. (Solo and partnership bids are both welcomed.)		
Describe how you will evaluate the event, and demonstrate the impact it has had.		
After the money is spent we will need to see: • receipts • evidence of delivery of the work • numbers of people benefiting • evaluation of the work		
Does your group have its own bank account? (This cannot be an individual's account.)	Yes	No
If 'No' to the above, give the name of the group or organisation that has agreed to administer the money for you		
Date form submitted		
Signature of supporting Warwick District Councillor (see list of Councillor contact details below).	Name of District Councillor	Signed