

## Roos Wind Farm Community Benefit Fund Application Form

The Closing Date for completed applications: Monday, 5<sup>th</sup> January 2015, 5pm

1.	Your Details:				
	Name of group/organisation or individual				
	Main Contact Person Position				
	Address				
	Town Telephone/ Fax				
	Email				
2.	Please tell us about your organisation				
	Type of organisation  Attach a copy of your set of rules or constitution				
•	Affliliations to other bodies				
	Registrations Charity Number, VAT Number, etc (where applicable)				
3.	What does your organisation do?				

sheet if necessary.				
lr P	Please describe what the grant will be used for ndicate how soon after receiving the grant it will be used. Please attach a detailed budget for all items to be purchased with the grant. tems over £500 will be asked to provide a minimum of 2 quotes with the applicati			
   	Please describe how you know this project is needed in the parish and who needs it.			

Funding provider	Item	Amount	Date applied/approved
	TOTAL		
	TOTAL		
Jour much monour	ore very requesting from	n the Bees Wind Form	- Fund?
now much money a	are you requesting fron	n the Roos Wind Farm	1 Funa?
low much cash ma	atch funding can you co	ontribute to the costs?	?
		La O Diana and Alabaha	
			the project meets one o
		onal, community, energ	y efficiency, environmen
general community	amenities.		
Where will the pro	viact take place?		
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7. PROJECT INCOME – Please tell us about any money you have raised so far and about any

12.	also need to have young people or v	nisation, you will need policies in place, particularities in place, particularities. Pleas ce cover (if applicable).		
13.	I confirm to the bes understand that you and that all necess that any grant awar	u may ask for additional is ary permission for the product the sided will be used for the sided will be used to sided wi	ect. Delief, all the information is information at any stage of oject has been obtained. Sole purpose of the projecties received from this fur	of the application process I undertake to ensure ct stated and that if the
Name (Block Capitals)			Position in organisation	
Signed			Date	
14.	Please provide us v	vith your bank details a	as payments will be mad	de via BACS.
	Address:		ank:Sor	t Code:
	Organisations mu	annual accounts.		
15.	Please provide us v	vith a contact referee		

unclear forms will Judith Leech at E			out thi
	al-	015, 5pm to:	

judith@ervas.org.uk