Application Form





1. Please provide the names of the Town/s and/or Parish Council/s applying to the TAP Fund (Please note - at least two Councils must work together to apply for this Fund)

lame of lead council accountable body)					
lame/s of other councils / groups ollaborating on ne project					
2. Main point	of contact for this application				
Name					
Town/Parish Council					
Email address	Daytime Tel No.				
Address					
Postcode					
3. Please des	scribe the geographical area your project will benefit				
4. Project nan	ne				
5. What are the aims of your project?					

6. wna	tWIII	you spend the fund	ing on?				
7. Plea	se de	scribe the specific b	penefits for your local a	area			
8. Please demonstrate the local support for this project (Does it link to a Parish Plan / Neighbourhood Plan? Do you have evidence of community support or need? Town and/or Parish Councils are encouraged to discuss their applications with their Ward and County Members prior to submitting an application. Please briefly describe their support)							
9. Whe	n will	your project start a	nd finish?				
Start	date		Finish date				
10. How much are you applying for?							
This	grant		Total cost of project				

(min £100)

11. What other funding is this project receiving? (if any)

	Organisation / Group			Amount £			
12. Please explain how you intend to make this project sustainable in future years if successful?							
13. Project Ba	nk Details						
Name of Bank		,	Account Number				
Account Name		Sc	ort Code				
Name (print)			Date				
Signed							

When completed please either print, sign and return this application form to:

or use the submit button below to send the form by email to the Community Team

The Community Team,
West Devon Borough Council,
Kilworthy Park,
Drake Road,
Tavistock, PL19 0BZ

Telephone: 01822 813600

community@westdevon.gov.uk

By submitting this form online I declare that to the best of my knowledge the information given is true and accurate.

This publication is available to view on our website or in alternative formats such as large print. Please contact us on 01822 813600 or e-mail services@westdevon.gov.uk

February 2013

To be completed at the Link Meeting			
Date			
WDBC Members Present			
DCC Members Present			
Summary of the discussion at Link Meeting			
Declarations of interest			
Recommendation from Chairman of the Link Meeting			
Approval Amount £ Refusal Return for additional info			
Justification for lower grant than requested			

(If approval recommended, form to be sent to relevant WDBC and DCC Members)						
To be completed by relevant WDBC and DCC Members: I/we, the undersigned, agree with the recommendation from the Link Chair to fund this application to the TAP Fund						
Signatures	Print name					
	_ ¬					
Justification if vetoed						
For Community Team use only						
Date application received						
Checked by Community Team						
Meets Principles Does not meet Principles	R	eturn for additional info				
Added to xls						
Payment processed Date						
Email to applicant, cc Ward Councillor/s and DCC Member/s Date						