

STOCKSBRIDGE TOWN COUNCIL

APPLICATION FORM – PARTICIPATORY BUDGET SPRING 2019

Organisation/Group	
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Name of Contact	
Contact Address	
Telephone Number	
Email Address	

Brief description of project requiring funding (continue on separate sheet if necessary)

Project Costs (Please provide an itemised list)	
Total Cost	£
Amount of funding requested	£

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State (if any) how balance is to be funded

Estimate of number of people the project will benefit	
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Geographical area covered by project	
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If bid is successful – name of organisation to whom payment should be made

Please supply a copy of your group/organisation's constitution together with a copy of a public liability insurance schedule

I certify that the information supplied is correct to the best of my knowledge

I enclose all the required details

Signed Date

Position in Organisation/Group

Please return completed forms and attachments to:-
Stocksbridge Town Council
Town Hall, The ARC
Manchester Road
Stocksbridge
Sheffield S36 2DT

Telephone: 0114 288 7895
Or email to: admin@stocksbridge-council.co.uk

Please refer to the Town Council's website which has a dedicated page for GDPR. This holds information on how your data is handled by the Town Council