**Lower Heyford and Caulcott Community Fund**

**APPLICATION FOR GRANT -ORGANISATION**

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| **ORGANISATION’S NAME & ADDRESS :** |
| **TELEPHONE CONTACTS : EMAIL :** |
| **DESCRIBE THE SERVICES PROVIDED BY THE ORGANISATION :** |
| **DO PEOPLE FROM OUTSIDE LOWER HEYFORD or CAULCOTT BENEFIT FROM YOUR ORGANISATION’S ACTIVITIES:** |
| **WHAT ARE YOU APPLYING FOR :** |
| **WHY DO YOU NEED ASSISTANCE :** |
| **HOW MUCH WILL IT COST** (Please provide written estimates or cost details) : |
| **HOW MUCH ARE YOU REQUESTING FROM LHRNC :** |
| **HAVE YOU APPLIED TO OTHER SOURCES FOR HELP :** Yes / No**If so please give details** |

*ANY OTHER SUPPORTING INFORMATION THAT MAY HELP YOUR APPLICATION CAN BE SET OUT IN A SHORT LETTER TO ACCOMPANY THIS FORM*

**I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE**

Signature (on behalf of Organisation)…………………………………………………..

Date…………………………………………………………………………

Please return application form to either

*Mrs Hazel Stoddart, 1 Knapton’s Croft, Lower Heyford, Oxfordshire OX25 5NR*

*Email* *hazelstoddart@me.com*

*Or*

*Dr Liz Goodwin, Yggdrasill, Freehold St, Lower Heyford, Oxfordshire OX25 5NS*

*Email* *liz\_goodwin@ymail.com*

*AppForm November 2020*