



The League of Friends of CREDITON Hospital and its Community Patients

CREDITON Hospital
Western Road
CREDITON
EX17 3NH

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www.crediton-hospital-lof.com
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Application for Grant

This form is designed for applicants to download, fill in by hand and then attach to their email to: secretary@crediton-hospital-lof.com OR post to: League of Friends of CREDITON Hospital and its Community Patients, CREDITON Hospital, Western Road EX17 3NH

Bids will be assessed on the following criteria:

1. Benefit to local community's health and well-being.
2. Need for the project and for this funding.
3. Deliverability, what are you planning to achieve in the coming 12 months?
4. Status of the individual or organisation.

Section 1 - About you

Applicant / Organisation

Name of person applying

Role or job title

Contact Address including
postcode

Telephone number

E-mail address

Web site (if any)

Please provide the following information (✓ boxes that apply). Are you a:

Voluntary or Community org

Private individual

Section 2 - Aim of project

Geographical location and area of project.

Brief description of project: including total cost, planning or other consents, current shortfall etc.

Timetable for project:

Likely start date (MM/YY)

Likely end date (MM/YY)

Section 3- Project budget

Estimate the cost of the project *(only include VAT if you are unable to reclaim it)*

Item or works		Value £
Total cost:		

Is any other funding confirmed? If not, what stage are you at? Please provide details.

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Further information may be requested.

Please read and sign the following statement:

“I certify that that all the information provided in this application is true to the best of my knowledge. I understand that any misleading statements whether deliberate or accidental could make the application invalid and therefore make the applicant liable for the return of any money”.

Name printed in block capitals
and signed
Date

Please use the area below for additional information:

