PB EAST AYRSHIRE

TRANSFORMING EAST AYRSHIRE TOGETHER

XXXXXXXX

YOU DECIDE!

Ballot Paper

Date

Time

Venue

VOTING INSTRUCTIONS

Please give every project a score between **1** and **5** by ticking one box for each project.

Have you given EVERY project a score? If not, your votes won't count.

Place completed forms in the ballot box.

One tick (✓) one project
(1 = low   5 = high)

	Group/Individual	Notes	1	2	3	4	5
1	Name of Group/Individual Name of Project Amount applied for	Information about project applied for					
2							
3							
4							
5							
6							
7							
8							
9							
10							

THANK YOU