TINCORNHILL QUARRY FUND GRANT APPLICATION FORM

| 1 | Please give the name and contact details of your organirequire to be submitted). | sation. (A copy of the group's constitution will |
|--------|--|--|
| Name | e of organisation: Teleph | one No: |
| Name | e of contact person: | |
| Positi | on in organisation: | |
| Addre | ess: | |
| | | |
| | | |
| Postco | de | |
| rosico | ouc | |
| 2 | Please tell us what the grant is to be used for. Please project and submit any drawings or supporting informat | |
| | projections and many areas in go or copperating information | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 3 | Please tell us who will benefit from the grant. | |
| | | |
| | | |
| | | |
| | | |
| 4 | Total cost of project | £ |
| | | |
| 5 | Please show the total contributions to the project from corganisations | ther £ |
| | | |
| 6 | What is the organisations contribution to the costs? (inc contributions) | uding 'in-kind' £ |

| | | | Co | st: | |
|---|--------------------------|-------------|----------|---------------------|-------------------|
| | | | | | |
| | | | | | |
| | Total Cost | | £ | | |
| What contributions to profunding sources? | oject costs has your org | anization e | either a | pplied for or rece | ived from other |
| ame of body | A | mount | | Date Successful: | Awaiting Decision |
| eason for Grant | | | | | |
| ame of body | A | mount | | Date Successful: | Awaiting Decision |
| eason for Grant | | | | | |
| ame of body | A | mount | | Date Successful: | Awaiting Decision |
| eason for Grant | | | | | |
| O Please give details of you statements will require to | ar organizations main ba | ank accour | nt. A co | ppy of the last 3 n | nonths bank |
| ame of Bank: | | | | | |
| | | | | | |
| ddress: | | | | | |
| ddress: itle of bank account | | | | | |

| 12 Please give details of ho | w the project will be maintained in the fu | ture. |
|---|---|--|
| | | |
| | | |
| | | |
| | | |
| 13 Do you own the land or | property to which the project relates? | Yes |
| | 1 1 7 1 3 | No |
| 14 If no, please provide det | ails of the owner and a letter of approval | from that party supporting your project. |
| Name: | Telephone No: | |
| Address: | | |
| Postcode: | | |
| | | |
| | nts required for the project e.g. Planning ling Consent, Building Warrant, Road | Yes |
| Construction Consent et | | No |
| 16 If yes, please provide de | tails below and enclose a copy of the con | sent relating to them. |
| Type of Consent: | Reference No: | Date Approved |
| Type of Consent. | Reference 140. | Date Approved |
| | | |
| | | |
| | | |
| 17 RISK MANAGEMEN' | Γ ASSURANCE STATEMENT | |
| | | |
| | not assume responsibility for any pro k(s) arising from the planned project | |
| | of insurance protection is arranged. | |
| t is recommended that applican | ts should seek professional insurance a | and risk management advice from a |
| British Insurance Broking Asso Member Company. | ciation Member Company or from a | and Association of British Insurers |
| demoet Company. | | |
| | ement when you are satisfied that the nged (if required) prior to the commen | |
| | ngen (in requiren) prior to the commen | rement of the project. |
| DECLARATION | | |
| | SIGNATURE | Date |
| PRINT NAME | | |
| POSITION IN ORGANISATION | - | |

| 18 | CHECKLIST | | | | | |
|---|--|--|--|--|--|--|
| Please ensure the following information is submitted (if required) along with the completed application Form: | | | | | | |
| A copy of the dr A copy letter fro A copy of any ro A copy of the la | onstitution of the Group/Organisation rawings or supporting information fro the project om the landowner supporting the project elevant statutory consents st 3 months bank statements of the Group/Organisations of the project costs | | | | | |
| 19 | 19 DECLARATION | | | | | |
| I herby declare to the best of my knowledge, that the information provided by me in the above application is accurate. I understand that should the Tincornhill Quarry Fund rely on information provided by me that subsequently proved to be untrue, that an award may be revoked and repayment may be demanded. | | | | | | |
| Signature | Date | | | | | |
| Once the application is completed and supporting information complied, please send it to: | | | | | | |
| | By Post: The Secretary Tincornhill Quarry Fund c/o 16 Burnpark Catrine KA5 6ER By e-mail: secretarytqf@gmail.com | | | | | |
| | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | |
| Date Received: | | | | | | |
| Acknowledged: | | | | | | |
| Fund Meeting: | | | | | | |
| Decision: | | | | | | |
| Specific Conditions: | | | | | | |

Applicant Advised of Decision: