



CRYSTAL RIG II WIND FARM COMMUNITY BENEFIT FUND 2019

Garvald & Morham Application Form

1. Title of App	plication:	
2. Details of A	pplicants	
Title	First Name(s)	Surname
Address		
Tel No. (day)	Tel. No: (even	ning) Email
Any other cont	act numbers:	
Name of Bank	Account to which any Cheque	should be made payable:
Address to whi	ch cheque should be sent:	
	behalf of an organisation, ple tration number:	ease give the title, and if it is a registered charity
3. What is yo	ur project proposal?	
4. Where will	this project take place?	
-	ur estimate of the costs involvinclude quotes/estimates from	ved in your project? In relevant tradespersons where available
	expected timescale of the pr	·
Start Date:		Completion Date:

8. Is there any other information that you would like to give?
Use separate sheets if necessary when answering questions 3-8.
Declaration
I confirm that the information in this application is to the best of my knowledge and belief accurate.
If this application is successful, I understand that the applicant will be bound to use the grant for the purposes specified in the application.
I give full consent for my personal data to be used to process this application in accordance with Garvald & Morham Community Council's privacy policy, which is available to read on www.garvald.org.uk . If this grant is for funding for a child, I given consent as parent/guardian that you can use the data I have provided, in order to process this grant application.
Name (in Block Capitals)
Signature:
Date:
Please make a copy of this form for your own records and then return to: Mr Phillip White (Chair) Garvald & Morham Community Council

7. Would any award be used as match-funding for grants from another source?

Mr Phillip White (Chair)
Garvald & Morham Community Council
Old School
Garvald
East Lothian

EN41 4LN Tel: 01620 830316 e-mail: philliprwhite@btinternet.com