



WCF Development Regulations

APPLICATION FORM

WCFDEV
FORM 1
Effective Date
22.9.05.
Version 1

ASSOCIATION

1. Full Name: _____

2. Address: _____

3. Post Code: _____: Tel No: _____

Email Address: _____

4. Contact Person
Name: _____

5. Address of Contact (if different to above) _____

Post Code: _____: Tel No: _____

Email Address: _____

6. Name of Project: _____

7. Describe the project: _____

8. Describe the assistance required from the WCF Development Programme

FUNDING

9a. How much monetary funding do you require to cover the application for grant or loan aid?

£ _____

9b. How much monetary funding can you provide to the project?

£ _____



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10. To what use will you put any award made to you?

11. I hereby make application for the grant or loan aid as described above. I have read the conditions that apply to the application and to the granting of any award and agree to comply with them.

Signature of Applicant: _____

(Day/Month/Year)

12. DEVELOPMENT OFFICER COMMENTS

13. WCF OFFICE USE

Child Protection Policy in place Yes / No

WCF Membership Survey received? Yes / No

Grant or Loan aid approved Yes / No

Conditions: _____
