



Hill of Fiddes Community Fund

Foveran Community Council

1 Project Title

2 Name and contact details of group making the application

Name of Group.

Name of person to contact within the group.

Address.

Telephone.

email.

3 Description of the project.

Is Planning Approval required for your project? YES or NO

If YES has approval been granted? YES or NO

4 How will it benefit the community?

5 Will there be a need for ongoing running costs or other financial support? If YES, how and from where do you intend to get this?

6 Will there be impacts, good or bad, on other groups within the community?

7 Costs.

Details of your project costs.

Note: Bids for above £500 would be expected to procure match funding and to demonstrate that all appropriate sources for match funding had been exhausted

Details of money you have, or plan to get, from other sources.

How much do you need from Hill of Fiddes Community Fund?

8 Any other relevant information

Application Form

Timescale for your project:~	
Start Date	Completion Date

Signature of Applicant.....

Date.....