

## **Community fund application form 2020/21**

Organisation/	groups name:
Contact perso	ons details:
Name: Address:	
Postcode: Tel: Mobile: Email:	
How much fu	unding are you requesting from the Group? £
When will the	e event/project start & finish:
What is the ev	vent/project?
Education, s Digital innova Health & wel Social Inclus	
Other:	
What is the m	oney specifically being used for?
You will be requ	ired to show receipts/invoices after the date of the project/event.

How much will the total proje	ect/event cost?	£	
How is this broken down? (v	ve do not need to kno	w items/actions that are under £	250)
Action/Item	Amount	Funder/sponsor secured	d
	1		
f the total of your project/ey	ent is more than you	have asked the Group for can ve	011
ell us where the rest of the following	funding will come from	have asked the Group for can you	
	funding will come from		
ell us where the rest of the floorations fundraising  Sponsor/donation/fundraisi	funding will come from	n: Eg: Actual amounts from Sponsors	
ell us where the rest of the floorations fundraising  Sponsor/donation/fundraisi	funding will come from	n: Eg: Actual amounts from Sponsors	
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lave you r /hat for ar	eceived funding before from Wrekin Housing Group and if so how much, and when:
Sianed on	behalf of the group/organisation:
Name:	
Signed:	
Position: Date:	
	urn to: The Wrekin Group, Colliers Way, Old Park, Telford, TF3 4AW or volved@wrekin.com
	this form you are agreeing for The Wrekin Housing Group or partners to promation provided for promotional benefits. You are required to complete
	form and submit all invoices/receipts if your application is successful, if
•	d form is not received you will not be eligible for any future funding.
Office use	only
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	efused:
Δ	ven:
Amount g	