

**APPLICATION FOR FUNDING FROM THE  
WERN DDU WIND FARM COMMUNITY FUND**

Please note: Incomplete forms will not be considered

1 Name of Organisation / Your Name \_\_\_\_\_

2 Contact Name (if an Organisation) \_\_\_\_\_

3 Contact Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Contact Tel. No. \_\_\_\_\_

5 Contact E-mail \_\_\_\_\_

6 If you are applying as an Individual, do you have a Bank Account? Yes  
No

7 If you represent an Organisation, please confirm that the Organisation has:

- A Bank Account .....Yes No  
If YES, please provide a copy of last year's Statement of Accounts
- A Constitution..... Yes No

8 How long has the Organisation been in operation? \_\_\_\_\_

9 How many members in the Organisation? \_\_\_\_\_

10 If you represent an informal group, please provide details of how long the  
group has been in existence and the number of members

\_\_\_\_\_  
\_\_\_\_\_

11a) Please provide full details of what the funding would be used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on separate sheet if necessary)

11b) Please explain how you know there is a need for this project / activity

\_\_\_\_\_  
\_\_\_\_\_

11c) If your project / activity is being established over more than 1 year, and  
you intend applying for funding for it in a future year(s), please provide details  
below:

\_\_\_\_\_  
\_\_\_\_\_

12 Please specify how your project / activity will meet the objectives of the Trust Fund as set out in the guidelines

\_\_\_\_\_  
\_\_\_\_\_  
(Continue on separate sheet if necessary)

13 What is the total cost of the project? £ \_\_\_\_\_

14a) For the current round of applications, please indicate the full amount of funding for which you are applying £ \_\_\_\_\_

14b) Please indicate the amount you require for the project to proceed £ \_\_\_\_\_

15 Have you applied for any funding from elsewhere? Yes No  
If yes, indicate where from, the amount and whether the application(s) was / were successful

16 How would the balance (if any) be funded?

\_\_\_\_\_  
\_\_\_\_\_

By signing the application form, I / we confirm that I / we have read and understood the guidelines issued with the application form and agree to meet the Trustees if required, to discuss the application in further detail.

Signature(s): \_\_\_\_\_

Please also print name(s): \_\_\_\_\_

Completed application forms should be returned by post to Mr Gwyn Davies, 11 Maes Caenog, Clocaenog, Ruthin, Denbighshire, LL15 2AU by March 31st, 2016