

WATERBEACH PARISH COUNCIL GRANT APPLICATION FORM

Please read the attached guidelines before completing this form. Please use black ink and block capitals.
You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets.

A. Your organisation

Please give us the following information about your organisation:

Name of Organisation: 'BEACH' BOWLS CLUB

Address: 40 70 CAMBRIDGE ROAD
WATERBEACH Post Code:
CB25 9NJ (TREASURERS ADDRESS)

Description of your organisation's activities. Please list your aims and objectives.

EXISTING 'BEACH' BOWLS CLUB SUMMER BOWLS CLUB LTD AND
BUSINESS LEAGUES. PROPOSED NEW BUILDING OBJECTIVES AS LISTED
IN ATTACHED 'CONSTITUTION' EQUALITY STATEMENT AND 'SAFEGUARDING
CHILDREN AND VULNERABLE ADULTS STATEMENT

B. Contact Details

Name of contact: DAVID BLACK

Position: CHAIRMAN 'BEACH BOWLS'

Address for correspondence (if different from above):

WOODGROVE 27B STATION ROAD
WATERBEACH 01223 - 860651
Post Code: CB25 9HT

C. Your Application

a) Brief description of project or scheme for which grant is intended

TO PROVIDE EQUIPMENT FOR PROPOSED NEW PAVILION FOR
SHORT MAT INDOOR BOWLS AND FIT OUT KITCHEN AND SOCIAL AREA
FOR COMMUNITY BOWLS FOR ALL AGE GROUPS.

b) Who will benefit from the proposed project or scheme and how many of these are Cam residents?

SUCH A FACILITY FOR OUR WHOLE COMMUNITY WITH AN
INTEREST IN BOWLS INDOOR + OUTDOOR - SHORT MAT FOR ALL AGES

c) Total cost of project or scheme: £ 9475 d) How much are you applying for? £ 5000

(see cover letter)

Please give an itemised breakdown of the expenditure for which this money which is being applied for. Please include evidence (e.g.. suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.