

CARNOUSTIE GOLF LINKS MANAGEMENT COMMITTEE

COMMUNITY BENEFITS GRANT APPLICATION

Applicant's/Organisation's Name	
Aims/Purpose of the Organisation	
Contact Details	Name:
	Address:
	Tel: Mob:
	Email:
Is the applicant a charity or Community Amateur Sports Club?	YES/NO
	If yes, please provide the Charity Registration Number:
Application Amount	f
Purpose of Funding	

Details of Expenditure	Cost breakdown. £ inc. VAT	
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	Total £	

Amount requested from CGLMC Ltd	£	Ì

Have you raised any funds for this project already or do you plan to raise funds from other sources? Please specify below:

Value £	Source of Income	Progress of your application
e.g. £5000	Lottery Funding	Approved & payment pending.
1.		
2.		
3.		
4.		
TOTAL		

The following information is required for applications greater than £2500 only.

If your current cash and
bank balances exceed the
amount requested, please
advise why additional
funds are required.
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Please supply a copy of
your latest bank statement
(for all bank accounts held)
with this application and if
available please enclose a
copy of your latest annual
' ' '
accounts.

TERMS & CONDITIONS OF FUNDING:

- 1. If your application is successful and once funding has been made, you may be required to provide evidence of expenditure (in the form of receipts). You may also be required to provide a report and photographic evidence of your completed project.
- 2. If you are unable to complete the funded project CGLMC Ltd may require some or all of the funding to be refunded.
- 3. The support/assistance of CGLMC LTD is to be mentioned in all publicity.

I understand and accept the Terms & Conditions of funding.
Applicant/Project Co-ordinator
Date
Send your completed application to:
Donald Archibald
Community Benefits Liaison
CGLMC Ltd
Links House
Links Parade Carnoustie
Angus
DD7 7JF

or email your application to:

community@carnoustiegolflinks.co.uk