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| A picture containing drawing  Description automatically generated | **Tarbert & Skipness** | | | | | |  | | |
| **Community Trust** | | | | | |
|  | | | | | |
| **Pilot Community Transport Fund** | | | | | |
| **Application Form** | | | | | |
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|  | | | | | | | | | |
| Name of Group | | |  | | | | | | |
|  | | |  | | | | | | |
| Project Title | | |  | | | | | | |
|  | | |  | | | | | | |
| Constituted Group/Not for Profit Organisation (√) | | | Yes |  |  | No | |  |  |
|  | | |  | | | | | | |
| Charity Number (if applicable) | | |  | | | | | | |
|  | | |  | | | | | | |
| Brief description of project - | | |  | | | | | | |
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| Additional information attached | | |  |  |  |  | |  |  |
| as per guidance notes (√) | | | Yes |  |  | No | |  |  |
|  | | |  | | | | | | |
| Total cash cost of project (£’s) | | |  | | | | | | |
|  | | |  | | | | | | |
| Value of Volunteer input | | |  | | | | | | |
| (assessed at £15 per hour) | | |  | | | | | | |
|  | | |  | | | | | | |
| Other Contributions (£’s) | | |  | | | | | | |
| * Group resources | | |  | | | | | | |
|  | | |  | | | | | | |
| * Donations | | |  | | | | | | |
|  | | |  | | | | | | |
| * Other Grant Sources | | |  | | | | | | |
|  | | |  | | | | | | |
| Amount of Grant requested | | |  | | | | | | |
|  | | |  | | | | | | |
| Estimated Start Date of project | | |  | | | | | | |
|  | | |  | | | | | | |
| Estimated End Date of project | | |  | | | | | | |
| **Lead Contact Details -** | | |  | | | | | | |
| Name | |  | | | | | | | |
|  | |  | | | | | | | |
| Address | |  | | | | | | | |
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| Post Code | |  | | | | | | | |
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| Telephone Number | |  | | | | | | | |
|  | |  | | | | | | | |
| Email address | |  | | | | | | | |
|  | |  | | | | | | | |
| Role in group | |  | | | | | | | |
|  | |  | | | | | | | |
| Signature | |  | | | | | | | |
|  | |  | | | | | | | |
| Date | |  | | | | | | | |
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| **By signing you confirm that the information given is correct and that you have read the guidance notes** | | | | | | | | | |
|  | |  | | | | | | | |
| **2nd Contact Details -** | |  | | | | | | | |
| Name | |  | | | | | | | |
|  | |  | | | | | | | |
| Address | |  | | | | | | | |
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| Post Code | |  | | | | | | | |
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| Telephone Number | |  | | | | | | | |
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| Email address | |  | | | | | | | |
|  | |  | | | | | | | |
| Role in group | |  | | | | | | | |
|  | |  | | | | | | | |
| Signature | |  | | | | | | | |
|  | |  | | | | | | | |
| Date | |  | | | | | | | |
|  | | | | | | | | | |
| **By signing you confirm that the information given is correct and that you have read the guidance notes** | | | | | | | | | |