

Len Pick Trust
5 Granby Court
Hereward Street
Bourne
Lincolnshire PE10 9AD

One off Project Form

Please complete this additional form if you are applying for funding for a specific or one-off project not included in a general grant to your organisation.

1. What will this particular project aim to do?

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2. Why do you think your organisation should run this project and what evidence do you have that it is necessary?

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3. When will the project start?

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4. How long will it run for?

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5. Where will it take place?

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6. Is there any group who will particularly benefit from this project?

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7. What is the total cost of the project? Capital £.....

Revenue £.....

Total £.....

8. How much are you requesting from LPT for the project and on what do you intend to spend this sum?

(Please attach a project budget if you have this prepared)

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9. Please list any other sources of funding you intend to approach for this specific project and indicate the level of any confirmed grants.

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10. Who will oversee the project?

Name.....

Contact number

11. Who will be responsible for the evaluation of the project's success on completion?
(or at intervals if it is an ongoing project)

Name

Contact number

PLEASE NOTE

If your application is successful, you are asked to return the enclosed evaluation form within 12 months of receipt of the grant.