



SMALL GRANTS SCHEME (2017 – 2018)

APPLICATION FORM

Return completed form and supporting documents to:

DGT Office, Exeter Community Centre,
St David's Hill, Exeter, EX4 3RG

Name: _____

Address: _____

Telephone Number(s): _____ Mobile: _____

E-mail Address: _____

Website (if relevant): _____

Title and Location of Project

Details of Ownership if different from Applicant

Objectives and Benefits of Project *(continue on a separate sheet if required)*

Methodology of Project *(continue on a separate sheet if required)*

Timetable of Project *(continue on a separate sheet if required)*

Total Estimated Project Expenditure: _____ Amount Requested from DGT: £ _____

I have read and accept the Conditions imposed by the DGT as indicated on the Guidance Notes to the Small Grants Scheme.

Signed: _____ Date: _____