

European & External Funding Enquiry Form

Ref:

Date:

| | |
|--|-------------------------------------|
| Organisation Name: | |
| Contact Name: | |
| Address: | |
| Tel: (including STD code) | Fax: (including STD code) |
| Email: | Position in Organisation: |
| Is your organisation (tick as appropriate) registered Charity <input type="checkbox"/> a development trust <input type="checkbox"/> non profit making <input type="checkbox"/> local authority <input type="checkbox"/> business <input type="checkbox"/> school/college <input type="checkbox"/> other (please specify) _____ | |
| Title of project that you are seeking funding: | |
| Location of project: | |
| Project Start Date: | Project End Date: |
| Project Costs: | Amount Required: |
| Funding already raised: (please indicate from which sources) | |

Project Description

please include:- what the project is; why it is necessary, the work to be carried out; who will benefit;

Partners involved in the Project:

For Office Use Only:
**Action Taken and
Date:**

For Office Use Only:
Enquiry Follow Up:



Please return this form to: The External Funding Team,
North Lincolnshire Council, P O Box 42, Scunthorpe
North Lincolnshire, DN15 6XQ