

Enquiry Form

Name of Organisation \_\_\_\_\_

Project Name \_\_\_\_\_ Date \_\_\_\_\_

Are you:    A community group     An Individual     A private business

Contact Details:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please tell us your idea for a project:

How much do you think the project will cost in total?    £ \_\_\_\_\_

How much will you need from the MCWFT Fund ?    £ \_\_\_\_\_  
(we can fund up to 70%)

Is this a Revenue or Capital Project?                      Revenue                       Capital

**Please take the time to read our Eligibility Criteria to complete this part**

**How do you feel your project fits with the funding priorities outlined in the MCWFT Eligibility Criteria?**

**Has this project been funded previously? If yes, please tell us how it was funded**

**Have you applied for any other funding for this project? If yes, please tell us how much and when decision is expected**

**Have you talked to the community about your project? Tell us what you have done**

**Please tell us a bit about your organisation, how long you have been running, main activities, area/interest groups covered, membership etc**

**Please return this form to the Trust office  
Your enquiry will be assessed and you will be informed within 7 days of next steps.**