

A hand holding a pen, blurred background.

Your Application Form

For a Community Road Safety Action Grant

Application for A Community Road Safety Action Grant

Name of Your Group _____

4 How will your project meet the Lancashire Partnership for Road Safety's aims of reducing road casualties by focusing on their three main causes (speeding, drink driving, non wearing of seatbelts)?

Contact Name (person) and title (e.g. chairman) _____

Address _____

Telephone Number _____

E-mail address _____

5 What is the total estimated cost of your project?

6 Please provide a breakdown of the cost into its main elements

1 What is the main purpose of your group/organisation?

2 What is your project?

7 How long will it take to complete your project?

8 Have you applied anywhere else for money to help with your project?

Yes / No

3 How will your community benefit?

(if yes, please say where and if you received any help)

9 If the partnership is unable to fund your project in full, would you be able to accept a part contribution and raise the balance of the funds required elsewhere?

Yes / No

10 Is your group/organisation a registered charity?

Yes / No

Declaration

1 If no, are you a formally constituted group/organisation with charitable aims?
Yes / No

Declaration

1 / We certify that the information given above is accurate and true, and that the grant will only be used for the activities outlined above.

1 / We understand that our activities may be monitored and money withheld or withdrawn if it becomes evident that the information provided above is misleading or funds are not being used for the activity specified.

1 / We agree to recognise the grant assistance from the Lancashire Partnership for Road Safety in any future publicity related to this project or on any promotional materials produced in support thereof.

Declaration

1 Signed

Print Name

Position

Date

2 Signed

Print Name

Position

Date

You can use this space to provide any extra information in support of your bid:
