

If this project is ongoing, please give details of plans to make the project financially sustainable:

Please tell us how people will benefit from this project and estimate their number:

What geographical area will this project cover?

How did you hear about the 5x30 Physical Activity fund?

Have you contacted the 5X30 Community Activator in your area? If yes, please detail when and means of contact:

SECTION 3: BUDGET

TYPE OF EXPENDITURE	GIVE DETAILS	AMOUNT
Expenditure	<i>(Please give details of costs of materials and fees)</i>	£
Any other costs	<i>(For this project)</i>	£
TOTAL EXPENDITURE		£

TYPE OF FUNDING	GIVE DETAILS	AMOUNT
Funding from other sources, inc. other organisations or Local Authorities	<i>(Please indicate if pending approval or approved)</i>	£
Any other income (please do not include in-kind contributions)	<i>(Earned income, sponsorship, your own funds etc. Pending approval or approved)</i>	£
TOTAL AMOUNT REQUESTED FROM 5X30		£
TOTAL PROJECT INCOME		£

Declaration: I am authorised by the applicant organisation named on sheet 1 to submit this application and declare that all information given is, to the best of my knowledge, true and accurate.

Signed..... Date.....

Name..... Position.....

Please return completed forms and supporting documents (see guidance notes) to the address below



5x30 Project, Westbank, Farm House Rise, Exminster, Exeter EX6 8AT
Tel: 01392 824752 • Fax: 01392 823987

Westbank Community Health and Care Ltd. Reg Charity 1119541. Company No: 6243811 Reg. office as above