

A mini grant scheme supporting Pembrokeshire groups to deliver positive conservation and environmental actions in their local communities.

Application Form 2023

Please read the guidance document to help you complete the form. Please note the word count is a maximum; you do not have to use that amount of words if they are not necessary.

Contact details

Name of organisation/group
Contact name
Email
Phone number
Address
Please tell us about your organisation's aims and the main services/activities you provide (100 words max).
Are you applying as (please tick):
A business
A formally constituted group or charity
A town/community council
School
Sports club or association
An informal group without a constitution

Project details

Name of the project if different from the organisation		
Project location		
Please tell us the location and community or town council area wherethe project is based.		
Project start date		
(Please not the project must be completed by 29 Febru	ary 2024)	
Tell us about your project - what will you do with the gr	ant funding? (200 words)	
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How do you know that this project is needed? (200 wor	us)	
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Who are the beneficiaries and how many people will be		
Please tell us if volunteers will be involved how many an	d what will they do?	

Please tell us the difference that this project will make (what are the outcomes and impact of the project?)
Please explain the benefits for wildlife and benefits for people.
Please tell us how you will monitor and evaluate the project.
Flease tell us flow you will mornitor and evaluate the project.
Budget
How much manay are you requesting? (Mayimum C4.000)
How much money are you requesting? (Maximum £4,000)
Provide a full breakdown of what you will do with the money. Give clear costings with exact figures
If the great award funding will not cover the complete costs to deliver the project, where will the remaining
If the grant award funding will not cover the complete costs to deliver the project, where will the remaining funding come from?
Tunding come from:

Declaration - to be signed by all applicants

Tick the boxes and sign below to confirm that:

You have been authorised by the governing body of your organisation (the board or committee that runs your organisation) to submit this application. I agree
All the information you have provided in your application is accurate and complete and you will notify us of
any changes.
l agree
Full name
Position in organisation
Signature
Date signed
Please make sure that all signatures are scanned copies of real signatures.
Send us your completed application via email.
Please put your organisation name in the subject field of your email and send it to support@pembrokeshirecoasttrust.wales







