



Wooden Spoon

The children's charity of rugby

WOODEN SPOON REGION'S PROJECT FORM

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For completion by the Region and dispatch, together with the Project Grant Application form, to:
Brian Hodges, 7 Fox Covert, Fetcham, Leatherhead, Surrey KT22 9XD or
bhodges@woodenspoon.com

Regional details

Name of project: _____

Potential beneficiary organisation: _____

Region: _____

Chairman: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Work Tel: _____

Mobile: _____ Fax: _____

email: _____

Committee member dealing with project (if not the Chairman): _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Work Tel: _____

Mobile: _____ Fax: _____

email: _____



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Funding

What was your agreed Pot B opening balance for this FY? **A** £ _____

What have you spent so far from Pot B?

i) _____ £ _____

ii) _____ £ _____

iii) _____ £ _____

TOTAL SPENT **B** £ _____

Balance available to spend (**A-B**) **£** _____

How much do you wish to contribute to this project? **£** _____

What are the Region's reasons for selecting this project? _____

I confirm that I and my Committee wish to proceed with this project, subject to endorsement by the Projects Co-ordinator and approval by Council.

Chairman: _____

Date: _____