

High Wycombe Town Committee Grant Decision Sheet

Community Support

Application Ref:	
Applicant Name:	
Amount Requested:	

Summary of Event/Project/Activity:
Project Outline:
Measuring Outcomes:
Meeting the Council's Priorities:

Grant Officer	
Comments:	
Recommendation:	
Signature:	

Service Manager	
Comments:	
Signature:	

High Wycombe Town Committee Chairman	
Any additional comments:	
Decision:	Approve [] Decline [] Further information required []
<i>I hereby declare that I have no pecuniary or non-pecuniary interest in this application</i>	
Signature:	