

**App Ref:**

**Date Rec'd:**

**Attribute Code:**

Return Form to: [WCI@BATHNES.GOV.UK](mailto:WCI@BATHNES.GOV.UK)

**Ward Councillors Empowerment Fund  
APPLICATION FORM**

*Please confirm that you have read the Ward Councillors Empowerment Guidance Notes before proceeding.*

Yes/No

1) Councillor Contact Details

Name of Councillor:	
Ward:	
Phone number:	
E-mail address:	

Does this project requires pooling funds with another Ward Councillor, if so please include the details here:

Yes/No:

2) Project Contact Details:

Project Name:			
Project Lead:			
Phone Number:			
Correspondence address:		Post code:	
E-mail address:			

3) Details of application: *Please limit your response in each section to 200 words.*

3.1 Please provide a brief description of your project - what is the money to be used for?

3.2 How does the project meet one of the Council's Corporate priorities?

3.3 How does this project reflect the needs and concerns of your ward?

