

Bedfordshire Scouts County Grant Scheme Smaller Grants Fund



Name of person submitting project							
Name of Project							
Contact details	Email:						
	Phone:						
Section (if appropriate		Group		District			
Provide a brief description of your project.							
					(Please use more space if required)		
What do you hope the outcome will be? How will this grow scouting?							
					(Please use more space if required)		
What is the total budget?				(attach	itemised budget where applicable)		
Expected share of funding.		County		Other sou	rces (including group reserves)		
Where will the other funds for the project come from?							
				(pled	ase give as much detail as you can)		



Bedfordshire Scouts County Grant Scheme Smaller Grants Fund



If all funds required are from County, explain why.		
When do you expect this project to commence and when will it be completed?		
Name and position supporting program details.		