

Name of Project

Amount Requested £.....

Please describe the project, detailing the location of the project and how many people with a learning disability are expected to benefit from the project. (Please use a separate sheet if required).

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Please describe how the project will meet the criteria contained in the guidance note and/or how it contributes to the Better Health priority of Valuing People Now.

How will this project be managed? (Please give description of the arrangements indicating how people with a learning disability will be involved)

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Statement

I/We confirm that the details given in this form are true to the best of my belief.

Signature: Signature

Date : Date

Please return Application to: Sue Peach, Business Co-ordinator, Kent Learning Disability Commissioning Team, Eastern & Coastal Kent PCT, Templar House, Tannery Lane, Ashford, Kent, TN23 1PL