

THE APPLICATION FORM

Name of Group Applying	Heathfield Rail link Association.
Are you a registered charity? If so, please give your number	No
Please give estimated dates for Project start? Project end?	1.8.2026 ongoing.
How much will the project cost?	£ 1000
How much is your grant request?	£ 1000
How will you raise the rest?	No
Will the project receive match funding – please provide details	No
What other grants have been given or refused for the same project?	Grant received by N.A. Town Council 24.7.24. for £1000.

Tell us about your group, what does it do?

Community Support Group for the proposed reopening of the Newton Abbot - Heathfield branch line. To develop a community garden platform at Tedyngrove Hall, support local green infrastructure and transport.

Does your project/organisation have a social media/website presence?

(Please provide details). www.heathfieldrail.org,
+ Facebook.

How will you publicise the Newton Abbot Town Council grant?

(Please note it is mandatory as part of the grant award conditions, to supply all press releases concerning the grant to Newton Abbot Town Council for us to share on our social media platforms). via social media, website news.

How will the funds be spent? How will it benefit the people of Newton Abbot?

Ongoing Hosting, web building of membership pages, updates and completion of web site.

Printed Publicity.

(You can continue on an extra sheet if you wish to)

Sustainability Plan

Tell us how the project will continue once the grant has been spent.

continuous promotion of the railway line.
events, Ongoing communications with
Network Rail, Railfuture and GVR.

Safeguarding

Where appropriate please provide us with a copy of the project/organisation's safeguarding policy with reference to children and vulnerable adults.

N/A.

Contact name	MIKE COOKE
Contact address	NEWTON ABBOT, DEWON
Contact telephone and email address	
Bank Account Details	
Account Name	NAT WEST
Sort code	~~50~~
Account Number	
Bank Address	48 COURTENAY ST. NEWTON ABBOT, DEWON TQ12 2EE.
If you do not have a Bank Account for your group, the Council will arrange to hold any grant awarded for you for up to 12 months and will reimburse against receipts.	

Does your group meet all legal requirements for this project (e.g., Public Liability, insurance, protection of children and vulnerable adults etc.)	Answer YES or NO Yes. It is YOUR responsibility to check
	Signed Print Name <u>M. COOKE</u> Date <u>25/7/26</u>
Declaration. I confirm that to the best of my knowledge and belief, the information in this application form is true and correct. I understand that a request may be made for additional information at any stage of the application process. By completing this form, the signatories hereto agree to this information being retained in accordance with the provisions of the Data Protection Act and for that information to be printed in official council publications and forwarded to other agencies as necessary to facilitate this application for grant aid but for no other purpose. Signed _____ Date <u>25/7/26</u>	

Please include your constitution and most recent set of accounts if you have these, but it is not essential to receive a grant.

If you need any help in completing this form, please telephone the
Deputy Town Clerk on 01626 201120