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| **Expression of Interest Form – Participatory Budgeting 23/24** |
| Group/organisation name:  |  |
| Project Name: |  |
| Contact Details:Email Address: |  |
| Priority: |  |
| Project Idea: |  |
| Who will benefit: |  |
| Approximate funding required: |  |
| Start Date of project: |  |
| End Date of project: |  |
| Any other information: |  |