**APPLICATION FEEDBACK FORM**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Name of Person submitting feedback |  |
| Position of person in organisation |  |
| Address |  |
| Telephone  |  |
| Email  |  |
| Date grant received |  |
| Outline of project |  |
| Feedback on the project outcome (Max 500 words) |  |
| Would you be willing to put forward this project for a case study to be published on the Town Trust Website? |  |
| Date submitted |  |
| Signature |  |

**Please return to:**

**Mailing address:**​

The Law Clerk

Sheffield Town Trust
Commercial House
14 Commercial Street
Sheffield
S1 2AT

**Telephone:** 0114 276 5555
**E-mail:**sheffieldtowntrust@keebles.com

Registered Charity  Number 223760