

GRANT APPLICATION

CONTACT DETAILS

Name of Group/Organisation

[Empty text box for Name of Group/Organisation]

Address

[Empty text box for Address]

Post Code:

Email:

Fax:

Tel No:

Contact Person

Form with fields for Title, First Name, Surname, and Position held in Group.

AIMS AND PURPOSE OF YOUR COMMUNITY GROUP

Charity Registration Number

[Empty text box for Charity Registration Number]

If you are not a registered charity you must enclose a copy of your constitution

What does your community group/organisation do and how are you financed please give details of grants received from any other sources?

[Large empty text box for describing the group and financing]

How many people are in your group/organisation

[Empty text box for number of people]

ABOUT YOUR PROJECT

Project Title

[Empty text box for Project Title]

Briefly describe your project to enable the Town Council to understand how its grant will be used:

[Large empty text box for describing the project]

How many people will benefit from this project? **Details of the number of members of your group that are from Craven Arms and the numbers of people from Craven Arms that will directly benefit from your project would be most helpful.**

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Estimated cost of project £ Desired grant from Craven Arms Town Council £

FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves you must provide an explanation as to why this project cannot be supported from your own funds

DECLARATION

If a grant is awarded, please state who the cheque should be made payable to:

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We are authorised to submit this application on behalf of the Group and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Craven Arms Town Council gives a grant, we agreed to use it only for the purpose given and according to any conditions specified. We understand that within six months after payment of a grant, we are expected to provide Craven Arms Town Council with a report on the progress of this project and how the money has been spent.

Signature 1 (Person submitting form)	Date:
Signature 2 (Chairperson or senior representative of the Management Committee)	Date:

**ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS.
APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR PROJECT TAKING PLACE IN ORDER TO BE CONSIDERED AT THE APPROPRIATE MEETING**

Completed Application Forms should be returned to The Clerk of Craven Arms Town Council
2 Jockeyfields Ludlow SY8 1PU

Phone: 01584 874661
Email: cewilliams1@btinternet.com