

BATTLE TOWN COUNCIL GRANT APPLICATION FORM 2021-2022



Please read the attached guidelines before completing this form. Please use black ink and block capitals. You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets.

<u>A.</u>	You	r orgar	<u>isation</u>			
Please	give	us the	following	information	about your	organisation:

Name of Organisation:
Post Code:
Description of your organisation's activities. Please list your aims and objectives.
How long has your organisation been in existence?

B. Contact Details		
Name of contact:		
Position:		
Address for correspondence (if different from above):		
	Post Code:	
Tel:	(daytime)(mobile	e)
Email:		

C. Your Application

a) Brief description of project or scheme for which grant is intended

b) Who will benefit from the proposed project or scheme and how	v many of these are Town Council area residents?
c) Total cost of project or scheme: £ d) How m	uch are you applying for? £

Please give an itemised breakdown of the expenditure for which this money which is being applied for. Please include evidence (e.g., suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.

ITEM	COST £
TOTAL	

	Name of organisation applied to	Amount applied for	Date of Application	Amount Received
lf you h	ave received any other sources of fur	nding in the past year, n	ot specified above, plea	se give details:
D. I	Previous Applications			
Has you	ir organisation previously applied for			give details of the project a
the date	and amount of grant received if any.	Was the project as des	scribed completed?	
	Additional Information			in the second
	e any other comments you wish to m	ake to support this appl	ication? Please give thi	is information below, or atta
	ate sheet:			
	Your Financial Situation	following financial infor	mation: If you do not s	upply this information vo
All appl	cations must be accompanied by the			
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Date received:
Grant awarded:
Amount:
Cheque No:

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