

BATTLE TOWN COUNCIL



POST-COVID-19 RECOVERY GRANT APPLICATION FORM 2020

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.

A. Your organisation Please give us the following infor	rmation about your organisation:
Name of organisation	
Address	
ridarooo	
Post Code	
1 ost oode	
Description of your organisation.	Please list your aims and objectives.
Details of account that grant chec	que should be made payable to:
B. Contact Details	
Name of contact	
Position	
	different from above)
Address for correspondence (if o	different from above)
Post Code	
Daytime telephone number	
Email	
C. Your Application	
	cheme for which grant is intended
Who will benefit from the propo	sed project or scheme and how many of these are Town Council area residents?
Total cost of project or scheme:	: £ How much are you applying for? £

_	ised breakdown of the expenditure fullers' estimates or price lists) of the li	-		
Γï	TEM		COST £	1
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Have you made any	grant application to any other body t	for grant aid for this proj	ect? Yes/No. If yes p	lease give details
				-
	Name of organisation applied to	Amount applied for	Amount Received	-
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Are there any other	nformation comments you wish to make to supp	ort this application? Ple	ease give this informati	on below, or atta
Are there any other	comments you wish to make to supp			
Are there any other	comments you wish to make to supp			
Are there any other a separate sheet: By submitting this a also agree to allow	comments you wish to make to supp	· Town Council's Grant	Awarding Policy terms	and conditions a
Are there any other a separate sheet: By submitting this a also agree to allow in the community when the second shadow in the community when the second shadow in the second sha	pplication you are agreeing to Battle	· Town Council's Grant ang of a grant to your org	Awarding Policy terms anisation, to publicise	and conditions a
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By submitting this a also agree to allow in the community where the considered be considered by sent to the name on have any queries as the consultation.	pplication you are agreeing to Battle The Town Council to use the awardinen your project is completed. ol Harris, Town Clerk, Battle T i, Battle, East Sussex TN33 0E as soon as possible. Successf	Town Council's Grant and of a grant to your orgon Council, The A. All applications all grant payments	Awarding Policy terms anisation, to publicise Date FOR OFFICE USE Date received:	and conditions a The Council's wo