

EARL SHILTON TOWN COUNCIL

Grant application form

Name of the organisation
Based at Tel:
Contact Person Name Address Tel:
Aims and objectives of the organisation (please provide a brief outline)
Main activities (please provide a brief outline of the activities your organisation is involved in):
Amount requested Purpose of the grant (please explain what you intend to use the grant for and what benefit it will bring your organisation)

Management Committee
Chairpersons name and address

Treasurers name and address

Secretary's name and address

Financial Matters

Do you produce annual accounts?

*YES/NO

Does your organisation have it's own bank account

*YES/NO

If 'yes', where is your account?

What sources of funding do you have?

*Delete as appropriate

I confirm that the information provided in this application is accurate

Signed

Date

Name in block capitals

Position in organisation

WHEN THIS FORM IS COMPLETED, IT SHOULD BE DELIVERED TO:

Town Clerk, Earl Shilton Town Council, 21 Wood Street, Earl Shilton, Leicester, LE9 7AA



PLEASE INCLUDE YOUR ORGANISATIONS:

- Constitution/Terms of reference
- Most recent set of annual accounts
- A statement of its Equal Opportunities Policy