

EARL SHILTON TOWN COUNCIL

COMMUNITY GRANT APPLICATION FORM

Name of the organisation:	
Based at	
Website:	Tel:
Contact Person	
Name:	
Address:	
Email:	Tel:
Aims & 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 (maximum of £3,000 per annum, per group)	
Purpose of the grant (please explain what you intend to use the grant for and what benefit it will bring your organisation, but it must be 'inclusive whole town benefit' for all the community. Costings per item/service to be bought to the nearest £50 are to be listed. Please use a separate sheet if required.	

Management Committee	
Chairperson's Name & Address:	
Email:	Tel:
Treasurer's Name & Address:	
Email:	Tel:
Secretary's Name & Address:	
Email:	Tel:
Financial Requirement:	
1. Latest Annual Income and Expenditure statement	
2. Current cash in hand balance	
3. Current bank balance(s)	
What sources of funding do you have?	
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, PLEASE DELIVER TO:	
Town Clerk, Earl Shilton Town Council, 21 Wood Street, Earl Shilton, Leicestershire LE9 7ND	
PLEASE INCLUDE YOUR ORGANISATIONS:	
<ul style="list-style-type: none">• Constitution / Terms of Reference• Most recent set of annual accounts (Income & Expenditure statement)• A Statement of your organisation's Equal Opportunities Policy	