

EARL SHILTON TOWN COUNCIL COMMUNITY GRANT APPLICATION FORM

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| 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 £500.00 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. | |

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| 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, The Public Library, Wood Street, Earl Shilton, Leicestershire, LE9 7NE | |
| 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 | |