

(1) Your Group or Organisation			
Name of Group			
Registered Address*			
Post Code		Tel No.	
Contact Name			
Position in Organisation		(i.e. Chairman, Treasurer, Secretary)	
Registered Charity	YES/NO	Registration No.	
<p><i>What are the activities and/or aims of the organisation:</i></p> 			
(2) Grants			
<p><i>Purpose for which the £50 grant is required:</i></p> 			
Has your organisation previously applied to the Town Council for grant-aid?			YES/NO
If YES please give details			

(6) General

Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature.

Please provide or attach any additional information which may assist the Council in reaching its decision.

I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Grant-aid.

Signed:

Date:

Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK

Please note that if your address and telephone number are personal information and not that of the company or organisation, please complete the form below which will not be published on our website and will be held in accordance with the Council's [Privacy Notice](#)

By submitting this form, you are agreeing to the Town Council storing your personal information.

Address for correspondence:	
Telephone number:	
E mail address:	