



Redenhall with Harleston Town Council

GRANT APPLICATION FORM

Please read the introductory notes and guidance leaflet before completing this form.

Name of Organisation:

Main Contact: **Position:**

Address:

.....**Postcode:**

Telephone: **Email:**

Q1. How would you describe your organisation? *(Tick all boxes that apply)*

a) Community group

b) Voluntary organisation.

c) Registered charity.
Charity no:

d) Company limited by guarantee.
Company no:

e) Other, please state.
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Q2. What are the main aims of your organisation?

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Q3. Does your organisation have;

a) A formal constitution? Yes No

b) Public liability insurance? Yes No

c) A health & safety policy *(if applicable)*? Yes No

d) child protection policy *(if applicable)*? Yes No

e) Working with vulnerable adults policy *(if applicable)*? Yes No

f) Accounts for the last financial year? Yes No

Please provide copies of those ticked above

Q4. How much financial assistance are you seeking from the Town Council?

£.....

Q5. Please provide an indication of how you intend to spend any grant awarded (a) or a breakdown of expenditure if the grant is for a one off purchase (b):

a)
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.....
.....

b)

Items of Expenditure	Approx. Cost

Q6. Approximately how many people would benefit from a grant?

Q7. How many of these are Redenhall/Harleston residents?

Q8. What would this benefit be?
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Q9. Is this the first grant application you have made to Redenhall with Harleston Town Council?

Yes No

Please include all the documentation in support of your application as listed in the guidance notes and return to the address noted. Closing date for applications is October 31st (for the following financial year) and April 30th.

DECLARATION

I submit this application on behalf of the stated organisation and believe all statements contained herein, and all accompanying documentation, to be accurate. I understand that if the information supplied is found to be false in anyway, the Town Council may seek to recover any grant made.

Signed _____

Date _____