NORTHLEACH WITH EASTINGTON TOWN COUNCIL

**Application Form for Community Grant Scheme**

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| Project Title | |
| Name of Organisation | |
| Contact Name | Position |
| Address  Email Address | |
| Telephone No. | Mobile No. |
| Brief outline of Project | |
| How much grant money are you requesting? | |
| What is the total cost of your project? | |
| Have you included a copy of your organisation’s constitution and annual accounts?  (Your application will be rejected without supporting documents) | |
| How will the project benefit the local community? | |
| If successful, how will the grant money be spent? Please be specific and enclose documentation. | |
| How is the rest of the project funding to be raised? Please give details of any other organisation(s) you have applied to or intend to apply to for funding for this project. | |
| If your application is unsuccessful what will happen to your project? | |
| Name(s) of Town Councillor(s) supporting this application: | |
| **DECLARATION:** I declare that to the best of my knowledge the information contained in this form is accurate and that funds will only be used for the purpose stated.  Signed Date | |

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| For Official Use Only | |
| Approved / Not Approved  Date | Comments |