



BATTLE TOWN COUNCIL

GRANT APPLICATION FORM 2019-2020



Please read the attached guidelines before completing this form. Please use black ink and block capitals. You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets.

A. Your organisation

Please give us the following information about your organisation:

Name of Organisation:

Address:

.....

.....Post Code:

Description of your organisation's activities. Please list your aims and objectives.

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How long has your organisation been in existence?

B. Contact Details

Name of contact:

Position:

Address for correspondence (if different from above):

.....

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.....Post Code:

Tel:.....(daytime)(mobile)

Email:

C. Your Application

a) Brief description of project or scheme for which grant is intended

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b) Who will benefit from the proposed project or scheme and how many of these are Town Council area residents?

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c) Total cost of project or scheme: £..... d) How much are you applying for? £.....

Please give an itemised breakdown of the expenditure for which this money which is being applied for. Please include evidence (e.g. suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.

| ITEM | COST £ |
|--------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | |

d) Have you made any grant application to any other body for grant aid for this project? Yes/No. If yes please give details:

| Name of organisation applied to | Amount applied for | Date of Application | Amount Received |
|---------------------------------|--------------------|---------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

If you have received any other sources of funding in the past year, not specified above, please give details:

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D. Previous Applications

Has your organisation previously applied for a grant from this Town Council? If YES, please give details of the project and the date and amount of grant received if any. Was the project as described completed?

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E. Additional Information

Are there any other comments you wish to make to support this application? Please give this information below, or attach a separate sheet:

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F. Your Financial Situation

All applications must be accompanied by the following financial information: **If you do not supply this information your application will not be considered unless previously agreed in writing by the Council.**

- A copy of your latest approved statement of income and expenditure or other financial report which indicates your financial position, or
- Photocopy of bank statements covering the past six months
- A statement of your capital assets, if any

If you are unable to supply this information, please contact the Town Council for advice before submitting this application.

By submitting this application you are agreeing to Battle Town Council's Grant Awarding Policy terms and conditions and also agree to allow The Town Council to use the awarding of a grant to your organisation, to publicise The Council's work in the community when your project is completed.

Signed

Date

Please return to Carol Harris, Town Clerk, Battle Town Council, The Almonry, High Street, Battle, East Sussex TN33 0EA. All applications will be considered by the Finance & General Purposes Committee. Successful grant payments will sent to the named contact above.

If you have any queries, please contact the Clerk on 01424 772210 or email clerk@battletowncouncil.org.uk. The office is open Mondays to Friday from 9.00am to 2.00pm.

FOR OFFICE USE ONLY

Date received:.....

Grant awarded:.....

Amount:.....

Cheque No: