

BATTLE TOWN COUNCIL

POST-COVID-19 RECOVERY GRANT APPLICATION FORM 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 AD ASTRA COACHING MENTORING TRAINING
Address ANDREWS ROAD, SAXONWOOD RD, BATTLE
Post Code TN33 0EJ

Description of your organisation. Please list your aims and objectives.

PROVIDE CONFIDENCE-BUILDING ACTIVITIES FOR YOUNG PEOPLE,
"UNLOCK THE CONFIDENCE, HAPPINESS & POTENTIAL" OF 8-18 YEAR olds
PERSONAL DEVELOPMENT / EDUCATION

Details of account that grant cheque should be made payable to:

tbx

B. Contact Details

Name of contact CAROLINE WOULD
Position FOUNDER
Address for correspondence (if different from above)
AS ABOVE
Post Code
Daytime telephone number 07779 269363
Email info@adastra.coaching.co.uk

C. Your Application

Brief description of project or scheme for which grant is intended

"EMPLOYABILITY SKILLS FOR TEENAGERS" WORKSHOP TO INCREASE
C.V. INTERVIEW & JOB SEARCH SKILLS. TO INCREASE THEIR
CHANCE OF FINDING EMPLOYMENT AFTER LOCKDOWN

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

TEENAGERS AGED 15-18 // 100% BTC RESIDENTS
10 PLACES AVAILABLE

Total cost of project or scheme: £ 1000

How much are you applying for? £ 500

C. Your Application - continued

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 £
1x WORKSHOP PLACE = £50 pp 10 FREE PLACES	500

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	Amount Received
N/A		

D. 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:

* PLEASE SEE ATTACHED FOR MORE DETAILS *

THIS IS A NEW INITIATIVE FOR OUR YOUNG RESIDENTS.
THIS SERVICE/TRAINING IS NOT PROVIDED BY ANY OTHER LOCAL GROUP/ORGANISATION

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 Carol Harris Date 14.3.21

Please return to Carol Harris, Town Clerk, Battle Town Council, The Almonry, High Street, Battle, East Sussex TN33 0EA. All applications will be considered as soon as possible. Successful grant payments will be 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 Monday to Friday from 9.00am to 2.00pm.

FOR OFFICE USE ONLY

Date received:.....

Grant awarded:.....

Amount:.....

Cheque No: