

**Application Form for Request of a Grant or Donation
from Thrapston Town Council**

Name of your Organisation:

How much are you applying for?

| | |
|---|--|
| £ | |
|---|--|

SECTION A: YOUR CONTACT DETAILS

What is the name and address of the main contact person for this application?

Title: First Name: Surname:

Position in the Organisation:

Address:

Post Code:

Daytime Contact Number:

Email Address:

Please give a second contact:

Title: First Name: Surname:

Position in the Organisation:

Address:

Post Code:

Daytime Contact Number:

Email Address:

SECTION B: YOUR ORGANISATION

What kind of organisation are you?

Voluntary organisation/community group

Charity (please give charity number)

An individual

Other

If you have a website, please give your web address:

Should your application be successful, please state to whom the cheque should be made payable:

What are the main aims and activities of your organisation?

What is the main geographical area that will benefit from the activities?

SECTION C: DETAILS OF THE FUNDING YOU ARE REQUESTING

Does your project have a name?

Please give a brief description of what you want to achieve:

What is the total cost of this project?

Don't forget to include VAT if you are not able to reclaim it

What is the total amount of funding you are applying for from the Council?

If the total cost is greater than the amount you are requesting, how will you find the difference?

Give a breakdown of how you will spend the money you are requesting from Thrapston Town Council:

What quotes or estimates have you used to work out your costs? Please attach copies to this form.

What is the start date of your project?

What is the finish date of your project?

Give details of all financial support your organisation has previously received from Thrapston Town Council:

| Financial Year | Description/Name of Project | Amount |
|----------------|-----------------------------|--------|
| ----- | ----- | ----- |

SECTION D: PEOPLE WHO WILL BENEFIT FROM THE FUNDING

How many people will benefit from this funding?

1-10 11-25 26-50 51-100 101-250 251-500 501+

What proportion of those benefiting are resident in Thrapston?

DECLARATION

I confirm that, to the best of my knowledge and belief, all replies given on this application form are true and accurate.

I have authority from my organisation to make this application.

I have read the Conditions and agree to be bound by them.

I understand that I may be required to provide further documentation prior to the grant being agreed and/or released.

Signed:

Date:

Name:

Please complete and return this form to:

The Town Clerk
Thrapston Town Council
77 High Street
Thrapston
Northamptonshire NN14 4JJ

For Council Use Only

Amount of Grant Awarded:

Date:

Minute Reference:

Power Used:

Date Cheque Issued: