

CARLTON COLVILLE TOWN COUNCIL APPLICATION FOR A GRANT

*Before completing this form, please read carefully the attached document entitled
Criteria for Awarding a Grant.*

*Copies of this form together with the **latest copy of your audited or examined
accounts** must be submitted.*

*If you have any queries on the completion of this form please contact the Town
Clerk, Carlton Colville Town Council. clerk@carltoncolvilletowncouncil.gov.uk*

DETAILS OF YOUR ORGANISATION

Name of Organisation _____

Address _____

Registered Charity No. (If Applicable) _____

If you are part of a larger organisation, enters its name _____

Principal aims and activities _____

No. of volunteers _____ No. of paid workers _____

DETAILS OF GRANT REQUESTED

Explain your need for a grant with the likely number of beneficiaries and their age
profiles _____

Grant Requested £ _____

BANK ACCOUNT DETAILS FOR GRANT TRANSFER *(Should application be successful)*

Account Name: _____

Account Number: _____ Sort Code: _____

Reference Number: (If Applicable) _____

CARLTON COLVILLE TOWN COUNCIL

APPLICATION FOR A GRANT

Page 2 of 2

DETAILS OF OTHER GRANTS

Received in the last 5 years _____

currently applied for _____

Use this space for any significant information about your organisation not already supplied

I certify that the foregoing replies are accurate to the best of my knowledge

Signature of applicant _____

Office Held _____ Date _____

I endorse and support this application

Signature of Senior Person in Organisation _____

Office Held _____ Date _____