LOCAL COUNCILLOR GRANTS FUND APPLICATION

Please answer all questions which are relevant to your organisation – failure to do so may result in a delay in the determination of your application

PROJECT (In no more than 25 words)		**GRANT AMOUNT REQUESTED**	**£**

You and Your Organisation

Q1 Name of organisation making application:

……

Name of contact for this application

Title : ……. First Name: ……Surname: ……

Position held in the organisation: ……

Contact Address, including full postcode:

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……

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……Postcode: ……

Contact Telephone Number: ……

Email address: ……..

Q2 Briefly describe your organisation - including how many members/users you have, whether there is a subscription fee and the usual activities/services you provide.

If you are a new organisation, describe the services/activities you plan to provide.

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Q3 Please give us your bank or building society account details

You can only apply for grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. **These people should not be related.**

Account name: ……

Sort Code: …… Account Number: ……..

Bank/building society name: ……

Bank/building society address……

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Who are the signatories and what position do they hold in your organisation?

1 Name …… Position ……

2 Name …… Position ……

3 Name …… Position ……

Details of the project or activity you are planning

Q4 Describe the projects/activity you plan to use this grant for.

i) Try to be specific about what you will do and how you will do it.

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ii) How many people from the Parish of Shrewsbury do you expect to benefit directly from your project or activity?

Funding of your project

Q5 Required Funding

Tell us the amount of grant requested £…… and provide a detailed breakdown as to how you have reached this figure.

Expenditure What you need to spend to carry out your project?	
	£
	£
	£
	£
	£
Income How will your project be funded?	
	£
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	**£**

Any Other Information

Q6 Any other information which you consider to be relevant to your application.

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Declarations

Q7 Signature of Person Completing the Application

I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.

Signed: …… Date: ……..

Q8 Local Councillor Endorsement

This application requires Councillor endorsement before it is sent to the Town Clerk.

I am happy for this application to be funded from my ward allocation

Councillor …… Ward ……..

Signed: …… Date: ……..

Please return your completed application form to:

Shrewsbury Town Council
Livesey House
7 St John's Hill
Shrewsbury
SY1 1JD

Telephone: 01743 281010
Email: grants@shrewsburytowncouncil.gov.uk