



Crowle and Ealand Town Council

Community Grants

APPLICATION FORM – SMALL OR SET UP GRANT up to £150

Before completing this form please read the Grant scheme Guidance

Section 1

Contact Details

Organisation

Your name Mr/Mrs/Miss/Ms

Your address

Postcode

Telephone number

Mobile Phone Number

Email address

Organisations website or facebook

Position in organisation (eg Member, Treasurer etc)

Section 2

Details of applicant organisation

Tick one of the boxes below to describe your status

- | | |
|--|---|
| ☐ Church or School | ☐ Company limited by guarantee |
| ☐ Constituted Group | ☐ Registered charity |
| ☐ New Group..... | |

Aims of Group

Date Formed

What percentage of your members
live in Crowle and Ealand

No. of people involved
in running of club

No of members

Section 3

About your Project/Activity

Name of your Project/Activity

Please describe your project in full. *(Use additional sheets if required)*

Section 4

Project costs

Tell us how much money you need for your project

Item, activity or travel costs	Total cost
	£
	£
Total project cost	£

Tell us of the other organisations from which grant aid has been applied for/confirmed if applicable

Organisation	Amount requested	Confirmed?
	£	
	£	
Total	£	

Section 5

Financial Need

What are you putting towards the project?

£

Amount you would like from Crowle and Ealand Town Council

£

Tell us how much money you have in the bank across ALL accounts. If more than six months turnover, please explain what this is for

Copies of most recent bank statements for ALL accounts

☐

Copies of quote or evidence of prices

☐

Section 6

Declaration

- We have read the Crowle and Ealand Town Council Grant Guidance Notes.
- We have read, understood and accept on behalf of the organisation the conditions of grant aid for the scheme to which we are applying and agree on behalf of the applicant organisation to abide by them.
- We understand that any grant offered will only be available for the purpose for which it was approved.
- In signing this form we agree on behalf of the group to retain and made available on request, all receipts or other proof of purchase in order that the Council can ensure the grant was spent in line with the approval given.

Bank Account details you agree for funds to be deposited to
Name
Account No
Sort Code

Signature

Date

Name

Completed application forms can be sent together with all supporting information

by post to: **Crowle and Ealand Town Council, Market Hall, Marketplace, Crowle, North Lincs
DN17 4LD**

or by email to: **clerk@crowleandelandcouncil.co.uk**