

**WOBURN SANDS TOWN COUNCIL**

APPLICATION FOR COMMUNITY GRANT

# SECTION 1 - Details of the Organisation

|  |  |
| --- | --- |
| Name of your Organisation/Group: |  |
| What are the aims and objectives of your Organisation/Group: |  |
| Address of Organisation/Group: |  |
| Contact name, address, telephone number and email address: |  |
| Bank Account Details (Name of Banker, and Account Number):  |  |
| Bank Account Name |  |
| Please provide a copy of your constitution | Constitution enclosed? **Yes/No** |
| Please provide details of your last year’s accounts | Accounts enclosed? **Yes/No** |

# SECTION 2 - Application details

|  |  |
| --- | --- |
| Please describe the project for which you are seeking a community grant: |  |
| Please state the total cost of your project:Please provide a detailed budget: | Budget enclosed? **Yes**/ **No** |
| Please state the size of grant you would like: |  |
| Please indicate how you intend to fund the balance of your project: |  |
| Have you had any previous grant from Woburn Sands Town Council? Please state how much and when received. |  |

SECTION 3 – Approval by Applicant

 I ………………………………..………………………………….(insert name)

 being the … ………………………...(insert position)

 of ……………………………………………....(the organisation)

 hereby apply for a grant of the amount in Section 2 above.

 I conform that the information given in this application is correct.

 Signed …………………………………… Date ..…………………

After completion, please return by post or e-mail:

Alison Jordan

Town Clerk

Woburn Sands Town Council

Memorial Hall

4 High Street

Woburn sands

MK17 8RH a.jordan@wstc.org.uk

Tel: 01908 585368

 **For Parish Council use only**

Decision ………………………………………

 Date of Council Meeting……………………….Minute No ……………….