

## ALTON TOWN COUNCIL GRANT APPLICATION

## PART 1 - YOUR ORGANISATION

NAME OF ORGANISATION	ON				
NAME OF CONTACT					
ADDRESS OF CONTACT					
TELEPHONE NO:	DAYTIME				
	EVENING				
EMAIL ADDRESS:					
ASE OUTLINE BRIEFLY THE	LE ACTIVITIES OF	THE OF	RGANISA	TION	

PLEASE GIVE NUMBERS IN THE	A) PAID
ORGANISATION WHO ARE	B) VOLUNTEERS
HOW MANY MEMBERS/BENEFICIARIE LIVE WITHIN ALTON	SS S
PART 2 – GRANT REQUES	${f T}$
AMOUNT OF GRANT APPLIED FOR	£
WHAT IS THE TOTAL COST OF THE PROJECT/ITEM/SERVICE?	£
WHAT IS THE GRANT TO BE USED FOR	2?

HAS YOUR ORGANISATION APPLIED FOR A	YES/NO	
GRANT ELSEWHERE TOWARDS THIS PROJECT?		
IF YES, PLEASE GIVE DETAILS		
WHAT OTHER FUNDRAISING HAS BEEN DONE TO EG CAKE STALL, COFFEE MORNING	WARDS THIS ITEM/PROJECT?	
YOU ARE INVITED TO GIVE ANY ADDITIONAL INFO COUNCIL IN CONSIDERING YOUR APPLICATION	ORMATION WHICH MIGHT AS	SIST THE

PART 3 - 10	) BE CO	WIPLETED BY ALL APPLICANTS
PLEASE STATE BATTHE END OF LAST		
LEVEL OF UNALLO	OCATED RES	SERVES
HOW MUCH DID T LAST YEAR (EG FU GROUP OTHER TH APPLICATION)?	INDRAISING	G BY THE
PLEASE ENSURE	ALL RELEV	ANT DOCUMENTATION IS ENCLOSED WITH THIS APPLICATION
CHECKLIST		All relevant parts of the form completed
		Form signed
		Most recent accounts (Audited or draft)
		Constitution/Rules
		Child Protection Policy (if applicable)
_	•	and any supporting papers will appear on a Town Council Committee y the Committee in the presence of the Press and Public.
INFORMATION IS SOLELY FOR THE	CORRECT. PURPOSES ( RESERVES TH	BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE I ALSO DECLARE THAT ANY GRANT AWARDED WILL BE USED OUTLINED IN THIS APPLICATION. I UNDERSTAND THAT ALTON HE RIGHT TO RECLAIM THE GRANT IN THE EVENT OF IT NOT BEING CIFIED.
NAME		
SIGNATURE		
POSITION		DATE/

Completed applications should be sent to: Alton Town Council, Town Hall, Market Square, Alton, Hampshire GU34 1HD

Applications are also available from our web site www.alton.gov.uk