

LEDBURY TOWN COUNCIL

Grant Application Form

1. Your Organisation

Contact Name:		
Position:		
Organisation:		
Contact Address:		
Telephone Number:		
E-mail:		
Status of Organisation:		
Charity/company	Charity No:	
number	(if applicable)	
number	` ' ' '	
	Company No:	
What geographical area		
does your organisation		
cover?		
How long has your	Less than one year	
organisation been in	Less than one year	
	5.	
existence? (please ☑)	Between one and five	
	years	
	More than five years	
What are the aims and		
objectives of your		
organisation?		
What are the main		
activities of your		
organisation?		

2. Your Project/Activity

Project title:	
Description of project (please continue on a separate sheet if necessary)	
Where in Ledbury will the project/activity take place?	
Who will benefit from the project? (please tell us what groups will benefit and approximately how many people will benefit	
What evidence do you have of local need/demand for the proposed project/activity?(This might be survey work or statistical evidence)	
What support have you received for this project? (Please tell us about any expressions of support you have received from outside your organisation)	
How will the project be managed and how will you measure its success?	
Please give the timescale and key milestones for your project, including a start date and finish date.	

Please explain how your organisation will acknowledge Ledbury Town Council's contribution.	
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3. How you will pay for your project.

What is the total cost of the project?	£
Amount requested from Ledbury Town Council.	£

Please list any applications you have made for funding from other organisations.

Organisation	Contribution Sought (£)	Applied (please tick as appropriate	Granted (please tick as appropriate)

4. Further information enclosed

Information	Enclosed (please tick)
A copy of your organisation's most recent bank statement	
(mandatory)	
A copy of your constitution (or similar document showing the organisation's status) and list of appointed officers	
A copy of your organisation's committee and meeting structure	
A copy of your organisation's latest set of accounting statements (if any exist)	
Copies of any letters of support for your project	
Other (please list below):	

5. Declaration by the applicant

I/we declare that, to the best of my/our belief, the information given on this application form and in any enclosed supporting document is correct.

I/we accept the following:

- (i) That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered.
- (ii) That any grant offered will be used only for the purposes set out in this application.
- (iii) That we will provide reports on progress at the request of the Town

Should any grant offered not be used in accordance with the terms and conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to Ledbury Town Council on demand.

Signed:	
Name (s):	
Date:	

Please return your completed form to:

Mrs K Mitchell
Clerk to the Council
Town Council Offices
Church Street
Ledbury
Herefordshire
HR8 1DH

E-mail: admin@ledburytowncouncil.gov.uk