LYDD TOWN COUNCIL

APPLICATION FOR A GRANT (VOLUNTARY ORGANISATIONS)

Please note that this application will not be considered unless it is accompanied by a copy of the organisation's latest set of accounts showing income and expenditure and balances. If the organisation does not prepare annual accounts or is less than 12 months' old copies of statements for all accounts (bank/deposit/investment and so on) covering the last six months must be supplied.

Please note that due to a large number of applications in recent years the maximum Amount considered will be for £500.

1	Name of organisation	
2	Is the organisation a	
	registered charity?	
	If yes, please state	
	charity number	
	If no, what is the	
	constituted status of	
	your organisation?	
3	Name, address and	
	status of individual	
	('the contact')	
	completing this	
	application	
4	Contact's telephone	
	no.	
5	Contact's email	
	address	
6	Amount of grant	
	requested	
7	For what purpose or	
	project is the grant	
	requested?	
8	What will be the total	
	cost of the project?	
		1
9	If the total cost of the	
	project is more than the	
	grant requested, how will the remainder be	
	financed?	
10	Have you actually	+
10	applied for a grant	
	towards this project from	
	other organisations?	
	If so, which	
	organisations, how	
1	i organisations, now	

	much, and has funding been confirmed?	
11	How many signatories	
	are required to sign	
	cheques? (must be a	
	minimum of two)	
	Please provide full	
	details of who the	
	cheque should be	
	made payable to.	
12	Who/What will benefit	
	from this project and	
	how?	
13	When will the project be	
	completed?	
14	Please provide the	
	name of your bank	
	account to whom	
	cheques should be	
	made payable	
15	Monitoring of funding	Monitoring of funding – please print your name
	Please supply invoices	and sign to confirm that invoices will be provided
	to show that the money	to Lydd Town Council for the items funded.
	has been spent in	Name
	accordance with the	
	grant within 1 month of	Signature
	completion of project or	
	spending.	Date

If necessary, please continue on a separate sheet. Please feel free to submit any other relevant supporting information.

Signe	ed		Date	Э			
(The	person (completing	this ap	plication	on the	organisation	i's behalf)

Please return to: The Town Clerk, Lydd Town Council, Guild Hall, 13 High Street, Lydd, TN29 9AF Email: townclerk@lyddtowncouncil.gov.uk