



# BRANDON TOWN COUNCIL

Please complete **all sections** of this form clearly using black ink.  
(This is so that details will still be readable if the form is photocopied)

## A. YOUR DETAILS

1. Name of organisation in full:

2. Name and address of person making the application (to whom all correspondence will be sent):

3. Daytime telephone number:

4. E-mail address:

5. Organisation bank details – Account name, Account No, Sort-code:

## B. YOUR ORGANISATION

6. Registered charity number (where applicable):

7. Year organisation established:

8. What does your organisation do? *Please give aims and objectives. If you have a constitution, please attach this, together with any other publicity information you consider appropriate.*

9. What area is served by your organisation?

10. What is the total membership of your organisation?

11. How many members live in the Town?

12. Please give the names and addresses of the officers of your organisation.

Chairman

Treasurer

Secretary

13. Please provide a set of your organisation's latest **accounts**, together with details of income and expenditure for the current year. If a large reserve and/or surplus is indicated in your latest annual accounts please explain why you are applying for additional funds.

**C. GRANT REQUEST**

14. How much grant are you asking for?

15. What is the total cost of the project?

16. What will you use the grant for?

17. How many people in the Town area do you estimate will benefit from the grant?

18. Have you applied for funds from other sources? YES/NO

*(If yes, please give details of where and the amount and whether this has been successful)*

| Source: | Amount | Success |
|---------|--------|---------|
|         |        |         |
|         |        |         |
|         |        |         |
|         |        |         |
|         |        |         |

19. What fund-raising efforts will your organisation be making?

20. Please indicate the age range of the beneficiaries of any award, e.g. young children/youth / adult / senior citizens.

| Age Range        | Yes/No |
|------------------|--------|
| Under 5 years    | Yes/No |
| 5 – 16 years     | Yes/No |
| 16 – 25 years    | Yes/No |
| 25 – 65 years    | Yes/No |
| 65 +             | Yes/No |
| All of the above | Yes/No |

Please use the space below to include a **Statement** in support of your request. *(This must include details of how your organisation meets the 'eligibility criteria' set out in the information pack sent to you with this form.*

**D. STATEMENT IN SUPPORT OF GRANT REQUEST**

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**E. CERTIFICATION**

I certify that the above information and the contents of the attached documents are correct at the time of applying. I understand that if any of the information is subsequently found to be incorrect this may lead to the organisation being disqualified from consideration and/or the withdrawal of any grant awarded. I agree to my organisation being bound by the eligibility criteria and any conditions set by Brandon Town Council.

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

If successful Brandon Town Council must be included in any publicity and its contribution noted. There will also be conditions attached to any grant awarded covering how to repay the grant should it not be used as per the application form, or if the event is cancelled. Acceptance of any funds will be deemed to be agreement of conditions attached.