WIGTON TOWN COUNCIL

GRANT APPLICATION FORM

The Grants committee meet in February, July and October each year.

1. Name of organisation ……………………………………………………………………..

    Contact person ……………………………………………………………………………

    Position in organisation …………………………………………………………………...

    Telephone number …………………………………………………………………………...

    Address for correspondence …………………………………………………………………
    ……………………………………………………………………………………………..
    ……………………………………………………………………………………………..

    E-mail:

2. Is the organisation a registered charity?   Yes/No*   *Delete as appropriate

3. Please tell us about your project …………………………………………….……………
    ……………………………………………………………………………………………..
    ……………………………………………………………………………………………..
    ……………………………………………………………………………………………..

4. Why do you need this grant and who will benefit? …………………………………………
    ……………………………………………………………………………………………..
    ……………………………………………………………………………………………..
    ……………………………………………………………………………………………..

5. What is the total cost of the project? …………………………………………………...

    How much are you applying for? …………………………………………………………

    Is this a completely new project?   Yes/No*   *Delete as appropriate

6. We will not pay for the full funding. How will you find the rest of the money?
    ………………………………………………………………………………………………
    ………………………………………………………………………………………………
    ………………………………………………………………………………………………

7. Please tell us who else you have applied to and the results of other funding applications
    ………………………………………………………………………………………………
    ………………………………………………………………………………………………
    ………………………………………………………………………………………………

8. Please tell us what you hope to achieve as a result of this project (outcome) ……………………
    ……………………………………………………………………………………………..
    ……………………………………………………………………………………………..

…………………………………………………………………………………………………….

9. Is there any other information you wish to give? ……………………………………………
…………………………………………………………………………………………………….
…………………………………………………………………………………………………….
…………………………………………………………………………………………………..

10. Have you received a grant from Wigton Town Council before?   Yes/No*   *Delete as appropriate

When …………………………………………... How much …………………………………………

11. You are required to enclose the following documents to support your application:

- A copy of a recent bank statement for all accounts held in the name of your group

- A copy of your most recent annual accounts or audited accounts.

12. ACCOUNT NAME ……………………………………………………………………...............

ADDRESS OF BANK …………………………………………………………………………………

BANK ACCOUNT NUMBER ……………………………………………………………………..

SORT CODE NUMBER ………………………………………………………………………….

WE AGREE THAT

1. THE INFORMATION IN THIS APPLICATION IS CORRECT
2. THE GENERAL CONDITIONS OF GRANT ACCEPTANCE ARE ACCEPTABLE
3. WE WILL COMPLETE AND RETURN A PROJECT COMPLETION FORM WHEN REQUESTED

Name of Chairperson (please print)…………………………………………………………………….

Signature…………………………………………………………………………………………….…

Date application form completed: ………………………………………………………………........

PLEASE RETURN TO: Town Clerk, Wigton Town Council, Community Offices, Church Street, Wigton, Cumbria. CA7 9AA

Please contact us if you need more information: 016973 44106

13.   Please give a detailed breakdown of the project costs

EXPENDITURE	£

INCOME	£

14.   Supplementary Information

a) Does the project benefit the local community?   YES ☐   NO ☐
b) Is the local community involved in the project?   YES ☐   NO ☐
c) Is the group part of a national organisation?   YES ☐   NO ☐
d) Is this grant for an individual?   YES ☐   NO ☐