



# CARTERTON TOWN COUNCIL

## APPLICATION FOR GRANT FUNDING (PLEASE COMPLETE IN BLOCK CAPITALS)

**PLEASE READ THE ATTACHED GUIDANCE NOTES BEFORE COMPLETING THIS FORM**

(1) Your Organisation			
Name of Organisation:			
Correspondence Address: .....			
.....			
.....			
Postcode:		Telephone No:	
Contact Name:			
Position in Organisation:			
Email Address: (PLEASE PRINT)			
Registered Charity:	YES / NO	Registration No:	
<i>What are the activities and/or aims of your organisation?</i>			

<b>(2) Membership</b>	
How many members do you have/how many people do you support (as applicable)?	
Approximately how many of the above live in Carterton?	
Is membership/assistance restricted in any way?	
What is your annual subscription, if any?	
Are you affiliated to a national organisation? If so, which one?	
Local venue/meeting place (if different from address above)	
<b>(3) Grants</b>	
Purpose for which the grant is required (please give as much information as possible):	
Amount being applied for?	£
What is the total cost?	£
Has your organisation previously applied to the Town Council for a grant?	YES / NO
If YES, please give details: (date, amount & purpose)	

Have you applied for a grant to any other body or organisation?	YES / NO
If YES, please give details:	
<b>(4) Fundraising</b>	
What fundraising events or activities will your organisation be holding this year?	
<b>(5) General – PLEASE NOTE</b>	
<ul style="list-style-type: none"> <li>• You must enclose a copy of your latest audited accounts, a financial projection for the period following the balance sheet, or a Business Plan if a new organisation.</li> <li>• Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature. Please apply to us for a copy of our Town Crest.</li> <li>• Please provide any additional information which may assist the Council in reaching its decision.</li> <li>• <u>Any grant awarded on a draw-down basis can only be drawn during the financial year 1 April to 31 March. It cannot be carried over to the following year.</u></li> </ul>	
<p>Please indicate to whom a cheque should be made payable if your application is successful. Alternatively, please supply your bank account details (preferred):</p> <p><b>Cheque:</b></p> <p><b>Bank:</b></p> <p><b>Account Name:</b></p> <p><b>Sort Code:</b></p> <p><b>Account No:</b></p>	

<i>I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for grant-aid</i>	
Signed:	Date:

***Please return your completed application form, with a covering letter giving any further information, to Carterton Town Council, Town Hall, 19 Alvescot Road, Carterton, OX18 3JL  
Tel: 01993 842156. Email: [klinnington@carterton-tc.gov.uk](mailto:klinnington@carterton-tc.gov.uk)***