

## **ILMINSTER TOWN COUNCIL**

## **COMMUNITY GRANT APPLICATION FORM**

## Please read the accompanying policy before completing this form

1.	Name of organisation		
2.	Name of person submitting the application  Position held in organisation  Contact address		
	TelephoneEmail		
3.	What are the main activities in which your organisation is involved?		
4.	Please provide details of the project you require funding for		
5.	Who will benefit from the project and how?		

i otal altitolpated (	COST OF DIOLECT	£		
Fotal anticipated cost of project		-		
Amount of grant s	ought from Ilminster Town Council	£		
Please give detail project, if applicab	s of applications made to other grant- le	making bodies in resp	ect of thi	
Date	Organisation	Amount sought	Grante	
Please provide de	tails of your organisation's fundraisin	g events held in the las	st two ye	
	w you have included the following req	uired information:	_	
Full project costs  Copies of your governing information or constitution, if available				
· · · · · · · · · · · · · · · · · · ·	nisation's financial status	avallable		
•				
_	other supporting information has beer	n attached		
Please tick if any	other supporting information has beer nsure that they adhere to the Equaliti			

	tick to confirm your organisation adheres to	——————————————————————————————————————					
proced	lures, e.g. health and safety, risk assessme	nts, safeguarding					
This form mu	ust be signed by two of the organisation'	s officers (e-signatures accepted)					
Signature	Signatu	re					
Print name	Print na						
Position	Position						
Completed application forms and supporting documentation should be returned to Ilminster Town Council, <u>preferably by email</u> to <u>town.council@ilminster.gov.uk</u> or hard copies to The Old Magistrates Court, East Street, TA19 0AJ.							
All applications will be acknowledged.							