

BAMPTON TOWN COUNCIL

APPLICATION FOR GRANT

| | |
|--|--|
| Name of Organisation | |
| Name of Contact | |
| Address of Contact including post code. | |
| Phone Number. | |
| Email Address. | |
| Project Name. | |
| Project Description. | |
| Amount of Grant requested | |
| Describe what the money will be spent on. | |
| How will the project benefit the community of Bampton? | |
| Please state how you consider you meet the conditions of the Council's grant aid policy. | |
| Where else have you applied for funding? | |
| Element of self- help provided by members of the organisation | |

❖ Copy of last prepared set of accounts are requested and should be attached.

Signed.....Print Name.....

Date.....Office held in Organisation.....

If successful, cheque payable to.....

Office Use: Date Recd..... Approved: Yes/No Date Approved.....

Minute No:.....Cheque No:.....Signed.....