



Wallingford Town Council – Grant Application Form

Please read the Council’s Policy and Guidance notes on awarding Grant Aid before completing this form. A copy is enclosed with this form. You may send a separate continuation sheet if necessary.

Name of Organisation

Name of person to whom
Correspondence should be
Addressed.

Address for correspondence
and telephone number.

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BACs information for payment if granted.

Sort Code..... Account Number.....

Account Name.....

Give details of the aims of your organisation ;

What is the grant for and who will it benefit (as much detail as possible please, continue on a separate sheet if required);

What amount are you asking for? £.....

What is the total cost of your project/activity? £.....

Have you applied to any other body for other funds towards this project? (give details please);

How else do you raise funds? Give details of subscriptions, fund raising etc.

What age group do you cater for?	Total membership	Please provide your Charity number if you are a registered charity
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Please give any other information that would help us make a decision on your application;

I declare that the information given in this grant application is complete and accurate.

Authorised Signature;

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Title.....

Date.....

Please attach your latest accounts and your constitution