



# CAMELFORD TOWN COUNCIL

Town Clerk: Esther Greig BA (Hons) CiLCA

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Camelford PL32 9PD

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## Grant application form

Please note that this application will not be considered unless it is accompanied by the following supporting documentation:

- The latest balance sheet of the organisation/project
- A copy of the constitution

| <b>Key details</b>   |                          |
|--|--------------------------|
| Name of organisation (please complete in block letters)  |                          |
| Name and purpose of project  |                          |
| Total amount requested from the Town Council   |                          |
| Contact name and position  | Telephone:<br><br>Email: |
| Address for correspondence   |                          |
| Post code  |                          |
| Bank account name, sort code and account number  |                          |
| Aims of organisation – state the aims and objectives of your organisation and the nature of its activity |                          |

What is the status of your organisation or group? (please tick all those that apply)

registered charity  number .....

company limited by guarantee  number .....

social enterprise

community group

other

Is your organisation part of, or affiliated to any national organisation?  
 Yes or no  
 If yes, please give brief details.

| <b>Financial details</b>  |                |      |
|---|----------------|------|
| Breakdown costs of individual items. Please indicate whether this is an actual cost (a) or an estimate (e). |                |      |
| Item  | A or<br>E      | Cost |
|   |                |      |
|   |                |      |
|   |                |      |
|   |                |      |
|   |                |      |
|   |                |      |
| What is the total cost of your project?   |                |      |
| Amount requested from Camelford Town Council  |                |      |
| Have successful applications for grants been submitted to other organisations?                              |                |      |
| Yes / No  |                |      |
| (if yes, please supply the name of the funder and the amount)   |                |      |
| Name of funder  | Amount granted |      |
|   |                |      |
|   |                |      |
|   |                |      |
|   |                |      |
| Total granted   |                |      |

Give brief details of organisation's own fundraising efforts including amount raised (eg, raffle, bucket collections, etc.)

| Activity | Amount raised |
|----------|---------------|
|          |               |
|          |               |
|          |               |
|          |               |

**Project details**

Name of project

Who will manage the project?

Please provide a statement of how the project will benefit residents of Camelford.

You may use a separate sheet of paper to submit any other information which you feel will support this application.

Signed.....

Date.....