RESKAMMEL

CAMELFORD TOWN COUNCIL

Town Clerk: Esther Greig BA (Hons) CiLCA

Town Hall Market Place Camelford PL32 9PD

01840 212880 clerk@camelford-tc.gov.uk www.camelford-tc.gov.uk

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

Key details			
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:		
	Email:		
Address for correspondence			
	Post code		
Bank account name, sort code and account numb	oer		
Aims of organisation – state the aims and objection of its activity	ives of your organisation and the nature		

What is the status of your organisation or g	roup? (r	please tick all thos	e that	apply)
registered charity		number		
company limited by guarantee		number		
social enterprise				
community group				
other				
Is your organisation part of, or affiliated to Yes or no	any na	tional organisatioi	n?	
If yes, please give brief details.				
,, _F				
Fina	ncial de	etails		
Breakdown costs of individual items. Pleas estimate (e).	e indicat	te whether this is	an act	ual cost (a) or an
Item			A or E	Cost
What is	the tota	al cost of your pro	ject?	
Amount requested	from Ca	amelford Town Co	uncil	
Have successful applications for grants bee	en subm	itted to other orga	anisati	ons?
Yes / No				
(if yes, please supply the name of the fund	der and t	the amount)		
Name of funde	er	Amount granted		
Total granted				

Activity	Amount raised
Project details	
Name of project	
Who will manage the project?	
Please provide a statement of how the project will bene	efit residents of Camelford.
may use a separate sheet of paper to submit any other	er information which you feel will