



Your Community – Our Support

Application for Small Grants from CRICKLADE TOWN COUNCIL

Please write clearly in black ink. If we find it difficult to read your application form it could delay determination of your application. If you need help completing the form please call us on: (01793) 751394.

Section 1 – Tell Us About You

- 1a** Are you applying as an individual or a non-profit making organisation ? (please tick)
- 1b** Name of individual or organisation
- 1c** Contact person
- 1d** Contact address
- 1e** Contact daytime telephone number
- 1f** If you are an organisation how many years have you been operating?

Section 2 – Tell Us About Your Application

- 2a** What do you (if an individual) or your project aim to achieve?
- 2b** How will this project benefit residents?
- 2c** If successful, how will you spend your grant?
- 2d** Have you (if an individual) or your project been the subject of a previous grant application to this Council? Yes or No
- 2e** If Yes, please provide details of the date(s) of application and the amount(s) awarded.

Please continue overleaf

Section 3 – Tell Us About The Financial Aspects Of Your Application

3a Projected Expenditure £

- Venue Hire
- Advertising/Printing Costs
- Travel (please specify)
- Clothing/Equipment, etc.
- Other (please specify)

Total Projected Expenditure:

£ _____

3b Projected Income

- Box Office Receipts
- Subscriptions
- Other Sources of Funding and Support (please specify)

Total Projected Income:

£ _____

**3c Total Projected Shortfall
(i.e. projected expenditure minus projected income)**

£

3d GRANT NOW SOUGHT

£ _____

3e If you are applying as an organisation please tick this box to indicate that you are attaching last year's financial accounts.

Section 4 - Declaration

4a I confirm that the information on this form is correct, that any grant received will be spent on the activities specified, and that I will complete the small grants monitoring form (if requested by Cricklade Town Council) upon completion of the project:

(signature)

(printed)

(date application submitted)

Return to: TOWN CLERK
CRICKLADE TOWN COUNCIL
113 HIGH STREET
CRICKLADE
WILTS SN6 6AE

Office Use Only:

Date Received:

Recommended award: