



ILFRACOMBE TOWN COUNCIL

SMALL GRANT APPLICATION FORM 10/11

Small grant applications must be submitted to the Finance & Office Manager by 17th September 2010

Recommendations will be available by end of November 2010 - payments to be made in January 2011

Ilfracombe Town Councils' aim is To Promote and Encourage Pride in Ilfracombe through :

- ✓ Active citizenship
- ✓ Community Involvement
- ✓ Fostering local talent and skills
- ✓ Green, clean and safe town
- ✓ Regeneration and Development for the benefit of all residents to create a vibrant town
- ✓ Social inclusivity and preventing social isolation

Only those applications that meet the Council's stated aims will be considered.

Please ensure you complete the whole form and enclose the correct documentation to ensure we have all the information that we need to consider your application fairly.

Please provide as much information as possible. If you have any difficulty or queries please contact the F&O Manager : Contact number - 01271 855317.

For additional copies of this application form please call 01271 855300

Please Note:

If applicable, please attach estimates for items that you are applying for grant funding

Name and address of organisation

Name and address of contact

Contact Tel No

Total amount of grant requested

£

not to exceed £500

Give a brief description of you project, its aims and ambitions and how many people will benefit from the grant

--

What do you want the money for

--

What community support do you get

--

How do you raise money yourselves

--

Please enclose a copy of your latest accounts which must be signed by someone with proven financial ability, although they do not have to be professionally audited

	From	To
Accounts for the year		

	Amount
Total income	
Total expenditure	
Income less expenditure	
Savings (reserves, investments, cash, etc)	

If you have savings what do you intend to use the savings for ?

If you are a new organisation with no accounts then please submit a cashflow forecast for the coming year with a recent bank statement

I am authorised to sign this application on behalf of my organisation. I confirm the information provided on the form is correct

Sign:	
Position:	
Date:	

CHECKLIST

- Have you completed all sections of the form
- Have you enclosed a copy of estimates (if applicable)
- Have you enclosed a copy of your accounts
- Have you signed the form