

ALSAGER TOWN COUNCIL

GRANT APPLICATION

Block Capitals Please

Name of Organisation	
Contact Name	
Address Including Post Code	
Telephone Number	
E Mail	
Amount of Grant requested	

Is your organisation a Registered Charity? Yes / No

If so, please give Charity Number _____

Has the organisation previously applied for a Grant from Alsager Town Council? Yes / No

Please enclose a copy of your constitution or rules, showing your aims and objectives.

Please describe the purpose of your organisation, how it benefits the people of Alsager and details of other applications for match funding:-

Describe your project and what you would do with a grant, tell us what your project is hoping to achieve, how your project will make a difference to the people of Alsager and the numbers likely to benefit:-

If the organisation were successful in securing a Grant, to whom should the cheque be payable?

Name _____

Address, if different from that stated overleaf _____

This application form, together with a copy of the most recent audited accounts, should be forwarded to the Town Clerk no later than **20th September** Applications are considered on an annual basis and only in exceptional circumstances to non-town organisations. The Town Council has limited funds, other bodies should therefore be approached for financial assistance.

This Section is for Town Council use	
Application Reference Number:	Application approved: YES / NO
Date received:	Date cheque sent:
Amount of Grant:	Cheque Number: