

# 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.

If the organisation were successful in securing a Grant, payment will be made via BACS transfer.

Please fill in your Bank details below to which account this be payable.

Acc Holders Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Acc Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

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:-

This application form, together with a copy of the most recent audited accounts, and all other relevant documentation detailed in the guidelines, should be forwarded to the Town Clerk no later than **1st 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.