

Barnoldswick Town Council

# **Small Projects Grant Application Form**

Please complete the form clearly, in black ink and use capital letters.  
Continue on another sheet of paper, if necessary

## **YOUR ORGANISATION**

### **Name of organisation**

(please give location, if different from correspondence address on back page)

### **Summary of aims and objectives**

### **Age group specifically catered for (if any)**

### **Is the organisation non-profit making body?**

### **If the organisation a registered charity**

(If so, please provide charity registration number)

### **Number of members in organisation.**

**Is membership restricted in any way?**

**Do you charge a membership fee, or charge for access to your activities? (please give details)**

**DETAILS OF GRANT APPLIED FOR**

**Purpose for which the grant is required (please give full details, including how your organisation will benefit)**

**How will Barnoldswick residents benefit?**

**Total cost of project**

**Amount of grant requested**

**Funds available from organisation's own resources**

**Funds granted from other bodies** (please give details)

**Is there any shortfall in these figures, how do you propose to fund the deficiency?**

### **PREVIOUS APPLICATION**

Please give details of all grant applications made by you or your organisation to the town council, whether successful or not, in the last five years.

### **ACCOUNTS**

PLEASE ATTACH A COPY OF YOUR MOST RECENT ACCOUNTS, BALANCE SHEET OR BANK STATEMENTS TO THIS APPLICATION. IF YOU ARE A NEW ORGANISATION WITHOUT PAST ACCOUNTS, PLEASE ATTACH A COPY OF YOUR BUDGET FOR THE YEAR

**PERSONAL DETAILS**

**Name of person making grant application**

**Address for correspondence**

**Telephone number** (daytime or evening)

**DECLARATION**

I confirm that I am making this application on behalf of the organisation named. I undertake on behalf of the organisation that any financial assistance will only be used for the purpose it was granted, and will be returned to the Town council if it is not required for that purpose.

**Check list – Please Tick**

- |  |                          |
|--|--------------------------|
| <b>I have read the Small Project Grant Guidelines</b>              | <input type="checkbox"/> |
| <b>I have completed all sections of the application form</b>       | <input type="checkbox"/> |
| <b>I have enclosed the required financial information</b>          | <input type="checkbox"/> |
| <b>I understand incomplete applications will not be considered</b> | <input type="checkbox"/> |
| <b>I agree to take part in suitable publicity</b>                  | <input type="checkbox"/> |
| <b>I agree to submit a progress report</b>                         | <input type="checkbox"/> |

**Signed**

**Date**

**Name** (please print)

**Capacity at which signed**

**If your application is successful, please indicate the name to which the cheque should be made payable**

Please return the application form with financial and any other supporting information to:

**The Town Clerk, Barnoldswick Civic Hall, Station Road  
Barnoldswick BB18 5NA**