

APPLICATION

FOR A

CAPITAL FINANCIAL GRANT

PART 1 - YOUR ORGANISATION

NAME OF ORGANISATION
NAME OF CONTACT
ADDRESS OF CONTACT
COMPANY OR CHARITY NUMBER
PROJECT NAME

TELEPHONE NO: DAY	ГІМЕ
EVEN	NING
EMAIL ADDRESS:	
PLEASE OUTLINE BRIEFLY THE ACTIVI	ITIES OF THE ORGANISATION
PLEASE GIVE NUMBERS IN THE	A) PAID
ORGANISATION WHO ARE	B) VOLUNTEERS
	b) volonillico
HOM MANY MEMBERS / RENIEERS ADIE	CC C
HOW MANY MEMBERS/BENEFICIARIE LIVE WITHIN PETERSFIELD	.3
PART 2 – GRANT REQUES	$\overline{\mathbf{T}}$
AMOUNT OF GRANT APPLIED FOR	£
WHAT IS THE TOTAL COST OF THE PROJECT/ITEM?	£
•	
WHAT IS THE GRANT TO BE USED FOR	. .
HAS YOUR ORGANISATION APPLIED F GRANT ELSEWHERE TOWARDS THIS P	

IF YES, PLEASE GIVE DETAILS				
WHAT OTHER FUN ITEM/PROJECT? EG				
WHAT EVIDENCE C	OF NEED IS	THERE FOR THE P	ROPOSED PROJECT?	
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		Constitution/Rules			
		Child Protection Policy (if applicable)			
		Organisational Chart			
		Public Liability Certificate			
		Copy of minute approving expenditure			
		Reserves Policy (if applicable)			
Copies of this completed form and any supporting papers will appear on a Finance and General Purposes Committee Agenda and will be discussed by the Committee in the presence of the Press and Public.					
ABOVE INFORMAT AWARDED WILL B APPLICATION. I	ION IS CORR E USED SOLE UNDERSTAI HT TO RECL	OF MY KNOWLEDGE AND BELIEF THAT THE RECT. I ALSO DECLARE THAT ANY GRANTELY FOR THE PURPOSES OUTLINED IN THIS ND THAT PETERSFIELD TOWN COUNCIL AIM THE GRANT IN THE EVENT OF IT NOT SPECIFIED.			
NAME					
SIGNATURE					
POSITION		DATE/			
IN THE EVENT OF CHEQUE BE MADE		UL APPLICATION, TO WHOM SHOULD THE			
Completed application Petersfield Town Control Town Hall Heath Road Petersfield Hampshire GU31 4EA		sent to:			
All applications mus	t be received l	by 30 th September			

 $Applications \ are \ also \ available \ from \ our \ web \ site \ \underline{www.petersfield-tc.gov.uk}$