

**Market Drayton Town Council**

**Small Grant Application Form**

Small Grants are for amounts up to and including £500.

Please refer to the Town Council’s Small Grant Policy available on the website.

1. **About your organisation**

|  |  |
| --- | --- |
| Name of organisation: |  |
| Address: |  |
| Nature of organisation and charity  registration number (if applicable): |  |
| Date organisation established: |  |

1. **Contact details**

|  |  |
| --- | --- |
| Contact Name: |  |
| Position within organisation: |  |
| Address for correspondence: |  |
| Telephone number: |  |
| Email address: |  |

1. **About your application**

|  |  |
| --- | --- |
| Amount requested: | £ |
| Outline the reason for your application and how the amount requested will be spent: | |
| State how the grant will benefit Market Drayton residents/community? | |
| How many residents of Market Drayton will benefit? |  |
| Have you received any grant funding from the Council in previous years and if so, please detail? |  |
| What is the planned delivery date for the project/activity? |  |

1. **Bank details**

|  |  |  |
| --- | --- | --- |
| ~~Does your organisation have its own bank account and manage its own funds?~~ | ~~Yes~~ | ~~No~~ |
| Account name:  (this cannot be a personal bank account) |  | |
| Account number: |  | |
| Sort code: |  | |

**5. Declaration**

~~I confirm that I have read Market Drayton Town Council’s Small Grant policy, and the details given above are correct to the best of my knowledge.~~

This declaration must be signed by an authorised person within the organisation or group, e.g. Committee Member, Office Holder or Trustee.

1. I am authorised to make the application on behalf of the above organisation.

2. I have read and noted the Council’s protocol relating to this application and agree to abide by the conditions listed if a grant is awarded by the Council.

3. I certify that the information contained in this application is correct.

4. If the information in the application changes in any way, I will inform the Council.

5. I give permission for the Council to record the details of my organisation electronically and to contact my organisation by phone, post or email regarding this application.

6. If the application is successful, I give permission for the Council to publicise the project/activity in the local media and on its website.

7. I agree to provide a written report and financial records including photographs, to the Council, indicating how the grant awarded has been spent, within six months of completion.

On behalf of (insert name of organisation or group)

…………………………………………………………………………………………………

Signed ………………………………………… Date ……………………….

Position in organisation or group …………………………………………………………

|  |
| --- |
| Please send completed application form to: Assistant Clerk Market Drayton Town Council 18 Frogmore Road Market Drayton TF9 3AX  Email: assistantclerk@marketdrayton.gov.uk |

Grant applications are determined by the Council during public meetings, and this application form will therefore appear in the public domain. If you do not wish for any of your personal contact information to be included in the public papers, please specify when submitting your application.

We will only use your personal information to contact you about your application.