



DOVER TOWN COUNCIL



Grant Application Form for grants under £250

A: APPLICATION SUMMARY

Name of organisation:

Please note: If your application is successful, cheques will be made payable to the above.

Address of organisation:

Name of contact:

Telephone:

Email:

Fax:

Address of contact (if different from above):

What do you intend to do with the grant?:

How much is requested from Dover Town Council?

Total project/event cost (if applicable):

Declaration:

I hereby declare that I have the authority to submit this application on behalf of the organisation detailed above and that all information provided is true and accurate to the best of my knowledge. I agree to complete and return any forms relating to this application which are sent to me in the future:

Signed: Date:

Name (Block capitals):

Status (e.g. Chairperson, Secretary):

Please note: The information provided on this application will be held on a database and used to provide information to officers and members of the Town Council.

B: THE PROJECT / EVENT / ACTIVITY

Description and aims of project/event/activity (please explain how it will benefit the people of your ward or the Town of Dover):

When will the project/event or activity take place and when do you intend to spend the grant – if different?:

C: FINANCIAL DETAILS

Estimated total cost: £

Please detail the components of your project/event i.e. your budget or costings (submit on a separate sheet if necessary):

<i>Costs for the project/item/activity</i>	£
TOTAL	£

<i>Where is all the money needed coming from?</i>	£
TOTAL	£

TOTAL INCOME LESS TOTAL EXPENDITURE	£
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D: COUNCILLOR GRANT SCHEME

IF YOU ARE APPLYING FOR A GRANT UNDER THE COUNCILLOR GRANT SCHEME PLEASE COMPLETE THE FOLLOWING:

Councillor Grant Scheme: (TO BE FILLED IN BY THE APPLICANT)

If your grant application is being made under the Town Council’s “Councillor Grant Scheme” please tell us which Councillor/s is/are supporting your grant and which ward(s) this will benefit.

Councillor: _____ Ward: _____

Councillor: _____ Ward: _____

Councillor: _____ Ward: _____

Please submit the form using the button below or print and return your completed form to

Allison Burton
Town Clerk
Dover Town Council
Maison Dieu House
Biggin Street
DOVER
Kent CT16 1DW

Tel: (01304) 242625
Fax: (01304) 241445
Email: allison.burton@dovertowncouncil.gov.uk

Please note that applications may be submitted by fax or email but must be signed before any approved funding can be released.