



DOVER TOWN COUNCIL



Grant Application Form for grants under £250

A: APPLICATION SUMMARY

Name of organisation:	
Registered Charity No (if applicable):	Registered Company No (if applicable):

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?	£
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Total project/event cost (if applicable):	£
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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: _____

Signature of Councillor:

Councillor: _____ Ward: _____

Signature of Councillor:

Councillor: _____ Ward: _____

Signature of Councillor:

Councillor: _____ Ward: _____

Signature of Councillor:

Please return your completed form to:

Secretary to the Council
Dover Town Council
Maison Dieu House
Biggin Street
DOVER
Kent CT16 1DW

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

Please note that an application may be submitted by email but must be signed by councillor(s) before it can be processed.