



ANNUAL & PROJECT SUPPORT GRANT APPLICATION

CONTACT DETAILS

Name of Group/Organisation

Address

Post Code:	Email:
Fax:	Tel No:

Contact Person

Title:	First Name:
Surname:	Position held in Group:

AIMS AND PURPOSE OF YOUR COMMUNITY GROUP

Charity Registration Number

If you are not a registered charity you must enclose a copy of your constitution

VAT registration number if applicable

What does your community group/organisation do and how are you financed?

How many people are in your group/organisation

ABOUT YOUR PROJECT

Project/Grant Title

Briefly describe your project or reason for applying to enable the Town Council to understand how its grant will be used:

How many people will benefit from this project or activities? **Details of the number of members of your group that are from Ludlow and the numbers of people from Ludlow that will directly benefit from your project would be most helpful.**

Estimated cost of project £

Desired grant from Ludlow Town Council £

Please note that the maximum you can apply for is £1,000.

FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves you must provide an explanation as to why this project cannot be supported from your own funds

DECLARATION

If a grant is awarded, please complete the section below for BACS payment

Bank.....Branch.....Postcode.....
Account number.....
Sort code.....

We are authorised to submit this application on behalf of the Group and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Ludlow Town Council gives a grant, we agreed to use it only for the purpose given and according to any conditions specified. We understand that within six months after payment of a grant, we are expected to provide Ludlow Town Council with a report on the progress of this project and how the money has been spent.

Signature 1 (Person submitting form)	Date:
Signature 2 (Chairperson or senior representative of the Management Committee)	Date:

CHECKLIST

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

<p>I have: (Please tick)</p>	<p><input type="checkbox"/> Answered every question</p> <p><input type="checkbox"/> Enclosed a copy of our constitution (if you are not a registered charity)</p> <p><input type="checkbox"/> Enclosed a copy of our latest accounts and/or treasurer's statement</p>
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ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS. APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR PROJECT TAKING PLACE IN ORDER TO BE CONSIDERED AT THE APPROPRIATE MEETING

Completed Application Forms should be returned to:
Gina Wilding, Town Clerk, Ludlow Town Council, Guildhall, Mill Street, Ludlow, Shropshire, SY8 1AZ
Tel: 01584 871 970 Email: townclerk@ludlow.gov.uk

PRIVACY NOTICE

Ludlow Town Council collects and manages personal data under the Data Protection Act 1998 and the General Data Protection Regulations 2018.

Your information will be lawfully processed by the Council within the terms of our privacy policy.

To find out more about our privacy arrangements, please access the Council's website www.ludlow.gov.uk where our full Privacy Notice and Privacy Policy can be viewed.

In the public interest details of applicants are in the public domain.