# Grants in excess of £500 Application Form

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| Name of Organisation |  | |
| Correspondence Address |  | |
| Name of Contact |  | |
| Email for contact |  | |
| Phone number |  | |
|  | | |
| Details of the Organisation and what it does. Please include information about number of members/age groups, areas or locations that you are active in and anything that you think will be useful. | | |
| Amount of Grant applied for? | £ | |
| What specifically will the grant be used for. Please indicate dates, location and major items. | | |
| Have you applied and have you been successful in gaining other funding for this project– please give details? | | |
| Do you raise income in other ways – if so how? | | |
| When do you need this money? |  | |
| Are there other ways that Council can help you with your event? |  | |
| Signed by Applicant |  | Date |
| Please print your name |  | |
| Approved/Rejected Minute Item |  | |
| Paid by |  | Date |
| Please submit to the Clerk at Saxmundham Town Council with your supporting paperwork and accounts | | |