



Loddon Town Council

The Library Annexe | Church Plain | Loddon | NR14 6EX

www.loddontowncouncil.gov.uk | 01508 522 020

APPLICATION FOR A SMALL GRANT

NOTES TO THE APPLICATION FORM:

- If you need assistance completing any aspect of the form or wish to discuss your eligibility, please contact the Town Clerk or Responsible Financial Officer on 01508 522020
- Please complete the form clearly and fully in BLACK ink and BLOCK CAPITALS
- You are advised to keep a copy of the completed form
- After completing the form please send it to the address on the end of the form

PLEASE COMPLETE ALL THE QUESTIONS ON THIS FORM

Name of organisation (as it appears on your bank account)
Contact Details Mr/Mrs/Miss/Ms/Dr First Name: Surname: Position in organisation (if applicable): Address: Telephone: Mobile: Email:
Full address where your activities will be based:
What is the purpose of your group/organisation?



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How do you meet the needs of your community?

Provide full details of your project; for example, who will be involved; who will be benefit; when will it take place?

Has your group/organisation received or sought funding from elsewhere for this project? If so, please provide details:

How much is your organisation contributing to the costs?



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Please give us a breakdown of what you want the funding for:

Item/Activity requested	£ per item/activity	Total
	£	£
	£	£
	£	£
	£	£
	£	£
Total		£

If other funding has not been confirmed, what would happen if you did not receive all the funding requested from these other sources?

Bank Details: Please provide details of your bank account

Name of bank:

Account number:

Sort code:

Please confirm that more than one signatory is required for each withdrawal:

Cheques will be made out to the name of the organisation in Box 1 above

Please confirm that your group/organisation has:

- Adequate insurance for the activity you are proposing YES / NO / NOT APPLICABLE
- Conducted a risk assessment for the activities you are requesting a grant for, to include risks to children and vulnerable adults YES / NO / NOT APPLICABLE



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Loddon Town Council may request additional information, to view original documents or seek supporting evidence from third parties.

DECLARATION

I have authority to submit this application on behalf of the stated organisation and believe that all statements contained herein to be accurate to the best of my knowledge. I understand that if the information supplied is found to be false or seriously misleading Loddon Town Council may seek to recover any grant made.

Signed: _____ Date: _____

Please return the completed application form for grant assistance to:

Loddon Town Council
The Library Annexe
Church Plain
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NR14 6EX
Telephone: 01508 522020
Email: finance@loddontowncouncil.gov.uk