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**Buckfastleigh Town Council Smaller Grant Application 2021 (for up to £500)**

**Name of organisation**

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| --- |
|  |

**Charity No** (if applicable)

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| --- |
|  |

**Address of organisation**

|  |
| --- |
|  |

**Main point of contact for this application**

|  |
| --- |
| **Nnn** Name |
| Position in organisation |
| Address |
| Daytime Tel No |
| Email |

**Name of Project**

|  |
| --- |
| **h** |

**Description of Project**

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| --- |
|  |

**What do you need funding for?**

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| --- |
|  |

**Do you have evidence of community need or support?** (please state below**)**

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|  |

**Who will benefit from your project?** (for eg. the whole community, young people etc)

|  |
| --- |
|  |

**How much are you applying for?**

**This grant Total cost of project**

**What other funding is this project receiving?** (if any) (please provide details below)

|  |  |
| --- | --- |
| Name of organisation or group | Amount £ |

**Has your organisation previously applied for a grant from Buckfastleigh Town**

**Council? If YES, please provide details.**

**Bank Account Details**

|  |  |
| --- | --- |
| Name of Bank/Building Society |  |
| Account Name |  |
| Account No |  |
| Sort Code |  |

**Please provide 3 up to date consecutive bank statements and audited accounts for the last financial year.**

**Declaration**

**I/We declare that the information I/We have provided in this application is, to the best of my/our knowledge, accurate and true.**

**Signed Date**

**Please return to: Judith Hart, Town Clerk, Buckfastleigh Town Council, Town**

**Hall, Bossell Road, Buckfastleigh, Devon, TQ11 0DD Tel No: 01364 642576 or**

**email: clerk@buckfastleigh.gov.uk**

**Please note that incomplete applications will not be considered.**

**Buckfastleigh Town Council reserves the right to request further information if required**

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**To be completed by the Town Council Buckfastleigh Matters Meeting on behalf of Buckfastleigh Town Council.**

**Recommend Reject**

**Comments** (to include reasons for rejection)

**Name (print) Date**

**Signature**

**Declaration of Interest**

(please state if a member of the Council has a personal or prejudicial interest to declare in this application)