

HONITON TOWN COUNCIL

APPLICATION FOR GRANT

Please send completed application to:

*The Town Clerk
Honiton Town Council
The Beehive
Dowell Street
Honiton, EX14 1LZ*

1. Name of Organisation _____

Address _____

Post Code _____ Telephone No _____

2. Date of formation _____

3. Number of members of Organisation _____

4. Charitable number (if applicable) _____

5. Date of last grant from Honiton Town Council _____

6. Amount of grant _____

7. Use to which that grant was put _____

8. Amount of grant now applied for _____

9. Use to which grant will be put _____

10. Give full particulars of requests to any other organisations relevant to this application and amounts requested or granted _____

11. Element of self-help provided by members of organisation (continue overleaf if necessary) _____

12. Copy of last prepared Set of Accounts attached.

13. This application conforms with Honiton Town Council Grants Policy dated December 2014.

Signed _____

(Please print name) _____

Date _____

Office held in Organisation _____

Address for Correspondence

If successful, the cheque should be made payable to
