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**KNARESBOROUGH TOWN COUNCIL - APPLICATION FOR FUNDING**

**SMALL GRANTS (UP TO £350)**

*(Please ensure you read the accompanying guidance notes and attach all relevant documentation)*

**The Applicant:**

|  |  |
| --- | --- |
| Name of organisation/individual\* |  |
| Primary contact regarding application: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Brief description of your/organisation’s aims and objectives |  |
| Date of Application |  |

**Project/Event:**

|  |  |
| --- | --- |
| Project/Event Title |  |
| Provide a detailed description of the project and who will benefit from it |  |
| Say how you know there is a need for your project |  |
| Total cost of project |  |
| Amount of grant requested from KTC |  |
| Is funding to be requested from another source? Please specify |  |
| Any other comments you wish to make in support of this application. |  |

**Check List: Please tick:**

|  |  |
| --- | --- |
| I have read and agreed your grant award terms and policy for small grants |  |
| I agree to provide feedback to the Town Council if my application is approved, including publicity |  |
| I enclose the following documents to support my application:Latest approved statement of income and expenditure or other financial reportSet of rules by which my organisation runsOther supporting informationPermissions, if appropriate, from North Yorkshire Council |  |

**\* Applications will be considered from individuals looking to improve their specific skills in support of their contribution to the voluntary sector in Knaresborough.**

**Declaration:**

I hereby declare that I have the authority to submit this application on behalf of the organisation or individual detailed above and that to the best of my knowledge and belief the information given on this application form, and in any supporting material, is correct. I understand that you may request additional information at any stage of the application process.

Signed:

Name of Signatory

Position:

Date: