



Coleford Town Council

GRANT APPLICATION

This form is for **grants** to local organisation up to £50.00 – £500.00

Contact Details

Title: First Name: Surname:

Position held in the group:

Contact Address, including full postcode

Postcode:

Daytime Telephone Number Evening Telephone Number:

E-mail address:

Your Group

Briefly describe the purpose of your group

What type of group are you? (✓ relevant category):

Registered Charity:

Unregistered Voluntary Organisation:

Company Limited by Guarantee:

Other – Please specify:

The Money

How much money would you like towards your project?

What is the total cost of the project

How much have you already raised towards your project?



Coleford Town Council

The Project

Tell us how you intend to use the grant

Tell us how it will benefit the people of Coleford

More Information

Please give us your bank or building society account details

Account name:
Account Number:
Sort Code:

Bank/building society name:
Bank/building society address

Signature of Contact

I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.

Signed:

Date:

Please return all forms to

**The Town Clerk
Coleford Town Council
1 The Town House
Lords Hill Walk
Coleford GL16 8BD
Telephone: 01594 832103
e-mail: ctcoffice@colefordtowncouncil.gov.uk
www.colefordtowncouncil.gov.uk**

The personal data contained on this form will only be used in relation to this grant application.