

Kirton in Lindsey Town Council

Policy 18: Community Pot Grant Scheme

2023/24 (v.20231) Application Form

| Name of group: | | |
|---|--------|---|
| | | |
| Main group contact: (<i>full name and title</i>) | | |
| | | |
| Position in group: | | |
| | | |
| Address: | | |
| | | |
| Telephone: | | |
| E-mail: | | |
| | | |
| Provide a detailed | | |
| description of the project and who will benefit from | | |
| it: | | |
| | | |
| | | |
| | | |
| Say how you know there is | | |
| a need for your project: | | |
| | | |
| | | |
| | | |
| What are the full costs of | | |
| the project (including VAT if applicable): | | |
| | | |
| | | |
| Where is other funding | | |
| from the project to come | Funder | £ |
| from? (Tell us the funder and the amount you | Funder | £ |
| expect from them): | | 0 |
| | Funder | £ |
| | | |

| Please tell us the stage at which your other applications are at, i.e just applied, awaiting outcome of application or funding confirmed: | |
|--|---|
| What contribution to these costs would you like from the Town Council?: | £ |
| Is this contribution for a specific element of the project?: | |
| What is the structure of your organisation?: | Informal group □ Registered charity □ Other □ Please give details below |

Supporting information checklist

Where relevant please ensure that the following documents are submitted with your application (accounts and bank statements must always be submitted).

| | Tick to confirm enclosure |
|---|---------------------------------|
| Group constitution or set of rules | |
| Copy of the most recent/audited accounts | |
| Three most recent bank account statements | |

Please note:

• Community Pot Grants must be a for a maximum of £300

Please return to:

Town Clerk Town Council Office, Diamond Jubilee Town Hall, High Street, Kirton in Lindsey, North Lincolnshire, DN21 4LZ

Email - enquiries@kirtoninlindseytowncouncil.gov.uk

Telephone: 01652 648978 / 07518 284173