# **Kirton in Lindsey Town Council**

**Policy 18: Community Pot Grant Scheme**

2025/26 *(v.20251)*

Application Form

|  |  |
| --- | --- |
| Name of group: |  |
| Main group contact:  (*full name and title*) |  |
| Position in group: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| Date form completed: |  |
| 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 from? (Tell us the funder and the amount you expect from them): | Funder ………………………………………………… £……  Funder ………………………………………………… £……  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