



## MARLBOROUGH TOWN COUNCIL

### APPLICATION FOR A SMALL GRANT

Please ensure that you have read the **Guidance Notes** before completing this form. If you need help, please contact us by telephone on 01672 512487 or by e-mail at [enquiries@marlborough-tc.gov.uk](mailto:enquiries@marlborough-tc.gov.uk)

Please complete all sections.

#### Section 1 – Tell Us About Your Organisation

- 1a Name of organisation
- 1b Contact person
- 1c Contact address
- 1d Contact e-mail address
- 1e Contact daytime telephone number
- 1f Contact mobile telephone number

#### Section 2 – Tell Us About Your Application

- 2a What does your project/event aim to achieve?
- 2b How will this project benefit Marlborough (e.g. who and how many will it benefit)
- 2c Is your group a registered Charity? Yes          No
- 2c Has your organisation received a previous grant from this Council? Yes          No
- 2d If Yes, please provide details of the date(s) of application and the amount(s) awarded
- 2e Have you applied to other local authorities for a grant (e.g. the Area Board)?

*Please continue overleaf*

**Section 3 – Tell Us About The Financial Aspects Of Your Application**

<b>3a</b>	<b>Projected Expenditure</b>	£
 <b>Total Projected Expenditure:</b>		£
<b>3b</b>	<b>Projected Income (including fundraising and project income from other sources)</b>	£
 <b>Total Projected Income:</b>		£
<b>3c</b>	<b>Total Projected Shortfall (i.e. projected expenditure minus projected income)</b>	£
<b>3d</b>	<b>GRANT NOW SOUGHT</b>	£
<b>3e</b>	Please tick this box to indicate that you have attached last year's financial accounts or Bank Statement (if a newly established group).	<input type="checkbox"/>

**Section 4 - Declaration**

**4a** I confirm that the information on this form is correct, that any grant received will be spent on the activities specified, and that I will complete the small grants monitoring form (if requested by Marlborough Town Council) upon completion of the project:

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Printed)

\_\_\_\_\_ (Date application submitted)

**Return to:** **Town Clerk  
Marlborough Town Council  
5, High Street  
Marlborough, Wilts  
SN8 1AA**

**Office Use Only:**  
**Date Received:**  
**Meeting Date:**