



# MALVERN TOWN COUNCIL

## SPECIAL GRANT APPLICATION FORM

Name of Organisation: .....

Amount of Grant Requested: .....

Address for Correspondence:

Name: .....

Address: .....

Postcode: .....

Contact telephone number (daytime): .....

Email: .....

Reason/s for Grant Request:

.....

.....

.....

.....

A. What is the nature of your Organisation's activity?

B. What are the aims and objectives of your organisation?

C. When was your Organisation formed?

**DECLARATION**

**I confirm that the details set out in this application are, to the best of my knowledge, correct and that I will notify the Council of any material changes to the information provided.**

**Signed:** .....

**Position in Organisation:**.....

**Date:** .....

Please complete and send this application together with supporting documents to:

Linda Blake  
Malvern Town Council  
28-30 Belle Vue Terrace  
Malvern  
Worcestershire  
WR14 4PZ

Tel: 01684-566667



4. Is your organisation part of, or affiliated to, any National Organisation? YES/NO\*  
If yes, please give details:

5. Please provide details of how many members belong to your organisation?

<u>Malvern Town Residents</u>	<u>Residents Outside Malvern Town</u>
Adult .....	.....
Junior .....	.....

If your organisation is not membership based, please give details of approximately how many people you work with/provide services for and the percentage of those who are actually resident in the six Wards that Malvern Town Council is responsible for i.e. Priory, Chase, Pickersleigh, Dyson Perrins, Link and North Malvern:

6. Please provide details of Membership Subscription levels (if any):

7. What is the catchment area covered by your Organisation for which you provide services?

8. Give details of the exact purpose for which a Grant is sought:
9. If your application is requested for a specific Project, how will this benefit the community or residents of Malvern Town?
10. (a) What is the amount of the Grant your organisation is requesting?
- (b) Is this an annual cost? YES/NO\*
11. (a) If the grant is for a specific project, what is the total cost of the project?
- (b) Is this an annual cost? YES/NO\*
- (c) Are there any recurring costs likely to arise from the Project? YES/NO\*
- (d) If the answer to (c) above is "YES", please explain how this will be funded.
12. If the total cost of the Project is more than the Grant you are requesting, do you already have the balance available?
- YES/NO\*

If "NO" please indicate how you intend to raise the balance and how long you expect this to take:

13. How much have you raised to date and intend raising for the specific Project (if applicable):

14. (a) Have you received, or been promised, Grant Aid from any Government, statutory, voluntary or charitable organisation or from Malvern Hills District Council/Worcestershire County Council towards this Project?

YES/NO\*

(b) If "YES" please give the following details:

Organisation	Purpose	Date Received	Amount

15. Give details of all Grants obtained from other Organisations during the preceding Financial Year:

Received From	Amount	Remarks

16. Give details of all Donations obtained from other Organisations during the preceding Financial Year:

Received From	Amount	Remarks

17. Give details of any unsuccessful Grant applications made by your Organisation during the current Financial Year and indicate the result:

Applied To	Amount	Remarks

18. What are your other main sources of income during the last financial year?

Source of Income	Amount	Reason

19. Please list amounts and reasons below for Reserve funds shown in the latest Accounts that your Organisation:

Reason for Maintaining the Reserve	Amount

20. Please give details of your Organisation's own fund raising efforts during the past year:

21. (a) Have you previously received, or applied for a Grant from Malvern Town Council?

YES/NO\*

(b) If "YES" please give details of amount(s) and date(s):

22. If your application is successful, please state to whom the Grant cheque should be made payable: