

Silloth-on-Solway Town Council

Application for financial assistance

Name (Individual/Organisation).....

Address.....

.....

Post Code.....Telephone.....

Name of person to contact about this application.....

Address (if different from above).....

.....

Post Code.....Telephone.....

What are the aims and objectives of your group or major activities?

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Where do you receive your funding from?.....

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How much in total, are you asking for?.....

Is this the full amount of your expected costs? Yes/No

If this is not the full amount how do you intend to raise the

remainder?.....

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Describe briefly how you intend to use the grant. What benefits will it provide?.....

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Please itemise how the money will be spent:

ITEM £ p

Please enclose:

- A. Constitution & Rules
- B. 2 estimates/Quotations (where appropriate)
- C. Audited Accounts/Financial Statement and a copy of the latest Bank Statement

Is there anything else you would like to say in support of your application?.....

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We agree that the information in this application is correct

Signatures:

Chairperson..... Treasurer.....

Secretary..... Date.....

To be returned to:

Town Clerk, Wendy Jameson, 5 Burnswark Terrace, Solway Street, Silloth, Cumbria, CA7 4EF Tel: 016973 31128 Mob: 07775686857