TENTERDEN TOWN COUNCIL

Town Hall, 24 High Street, Tenterden, Kent. TN30 6AN

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DONATIONS APPLICATION

In addition to completing this form, an organisation applying for funding must also supply a copy of its latest approved accounts (audited, if appropriate). Please use continuation sheets as necessary in support of your application.

Name of Organisation
Registered Charity Number (if applicable)
Registered Address
Contact name(s) and position
Contact telephone number(s)
Contact email address
Brief summary of the organisation
(date formed, aims, structure etc.)
Objective of funding
(including what will be deliverables, timescales, as appropriate)
(moraumy mac mm se democratico, and appropriate)
Other organisations (if any) that provide this propose deliverable / service
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Who will benefit from this project and how (Demographics of community, numbers)					
(Beingraphies of community, numbers)					
Impact of to the community of not delivering					
Total cost of project					
(please supply supporting information, e.g. quotations etc.)					
Other sources of available funding been considered					
Amount of grant sought					
When is the grant required					
What fall-back position would the organisation / charity take if the grant was					
not forthcoming?					
How will the balance (if any) be financed					
Has other funding agreed from other sources (if applicable) Please provide any supporting documentation					
,,					
Other information relevant to support your application: Please use continuation sheets as necessary.					

DECLARATION

I declare that I am authorised to make the above application on behalf of						
			(name	of	organisation).	
Signed:						
Name:						
Position	in	organisation:				
Date:						