**SNODLAND TOWN COUNCIL GRANT APPLICATION FORM**

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| --- | --- | --- | --- |
| Name of Group / Organisation: |  | | |
| Contact Name: |  | | |
| Position in Organisation: |  | | |
| Address: |  | | |
| Telephone: |  | | |
| Email: |  | | |
| Is your organisation as registered charity? | Yes / No | If yes, Charity Number |  |
| Brief Description of your group / organisation’s main purpose / activities | | | |
| Details of the project for which the grant is required | | | |
| How will this project benefit the residents of Snodland? | | | |
| Total Cost of project | £ | Amount of Grant requested | £ |
| Have you received, applied or intend to apply for funding from any other source for this project? | Yes / No | If yes, please give name of other funder | |
| How much of the total cost do your group / organisation intend to raise yourself and how? |  | | |

**Please ensure that the person signing the declaration on behalf of your organisation has the appropriate authority to do so.**

**DECLARATION:**

I confirm that the information contained in the application is correct to the best of my knowledge. I agree to that any money awarded by Snodland Town Council as a result of this application will only be used for the purposes stated in the said application, and in accordance with the grant conditions detailed in the Town Council’s Grant Awarding Policy.

I confirm that the proposed project is lawful and conforms to any rules governing our group / organisation. I further agree to provide copies of receipts and invoices as required to Snodland Town Council to confirm details of how the money has been spent if the application is successful.

I understand that all money awarded must be repaid to Snodland Town Council and my organisation will not be able to apply for a future grant in the following circumstances:

* If a false declaration is made, or if any information contained in the application is found to be false, inflated or exaggerated
* If the proposed project does not proceed or is abandoned for any reason or if the organisation disbands during the period of the grant
* If the organisation does not provide the necessary invoices and receipts confirming how the money has been spent or does not comply with any other conditions stipulated.

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Position in the Organisation |  |
| Date: |  |

Please sign the above declaration and return this form together with all supporting documentation required either by post or email to:

Snodland Town Council, Council Offices, Waghorn Road, Snodland, Kent. ME6 5BQ

**Email :** [**enquiries@snodlandcouncil.co.uk**](mailto:enquiries@snodlandcouncil.co.uk)

**NOTES:**

* Please complete all questions and sign and date the declaration at the end of the form.
* If you wish to provide additional information or expand on a question, please provide an attached sheet.
* Please refer to the Council’s Grant Awarding Policy for full terms and conditions of grants.
* Submission of this application does not automatically mean that an award will be granted. Snodland Town Council reserves the right to award grants at their discretion.