HAVERFORDWEST TOWN COUNCIL



Application for Grant for Voluntary Organisations Local Government Act 1972 Tier 1: for Grants up to £500

Please refer to Haverfordwest Town Council's Policy and Guidance for Awarding Grant Aid for assistance on completing this application, which can be viewed on our website www.haverfordwesttown.co.uk

Name of Organisation:	
Name of Key Contact:	
Address & Postcode for Correspondence:	
Telephone No: (landline & mobile)	
Email Address:	
Website:	
Project Start Date:	
Project Duration:	
Project description: (max 500 words)	
Approximately how many people will directly benefit from the project?	
How will the Haverfordwest community benefit from this project?	
Total cost of project:	
	On a separate sheet, please provide a breakdown of costs to show how the total project cost has been calculated.
Amount of Grant requested:	
If the total cost of the project is	

more than the grant, how will the balance be financed?	
You may use a separate sheet of paper to submit additional information.	
Signed:	
Print name:	
Position in organisation:	
Date:	

Completed forms should be returned to:

Juliet Raymond
Town Clerk
Haverfordwest Town Council
Picton House
2 Picton Place
Haverfordwest
Pembrokeshire
SA61 2LU