

HAVERFORDWEST TOWN COUNCIL



Application for Grant for Voluntary Organisations Local Government Act 1972 Tier 2: for Grants up to £5,000

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:	
Is the Organisation a Registered Charity? Please provide Charity number:	Yes/No Charity Number:
Project Start Date:	
Project Duration:	
Describe your project aims and objectives, and the purpose for which Grant Aid is sought:	
Explain how the project will be managed:	
Approximately how many people will directly benefit from the project?	
Explain the benefits the project will bring to Haverfordwest in the short and long term, and how you will determine and monitor this?	£
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?	
If there is any additional information you would like us to know in support of your application, please submit on a separate piece of paper.	
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