



## STOURPORT-ON-SEVERN TOWN COUNCIL

### APPLICATION FOR GRANT AID 2024/25

Name of the Organisation:

Address:

Telephone:

Email:

Grant Requested (£):

Purpose for which Grant is required:

How much (if any) will be from your own resources?

**What is your Organisation's present financial position?**

*Please summarise and **attach a copy of your most up-to-date set of accounts and bank statement(s).***

*(A further more up-to-date statement and accounts may be required before any final decision is made.)*

**Have you made an application for a grant to any other bodies? Is so, to whom?**

**Brief details of Organisation's own fund-raising efforts**

**Signed**

**Print Name**

**Position**

**Date**

**OFFICE USE ONLY**

**Minute Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Minute Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_