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**STOURPORT-ON-SEVERN TOWN COUNCIL**

**APPLICATION FOR GRANT AID 2024/25**

**Name of the Organisation:**

Click or tap here to enter text.

**Address:**Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Grant Requested (£):** Click or tap here to enter text.

**Purpose for which Grant is required:**

Click or tap here to enter text.

**How much (if any) will be from your own resources?**Click or tap here to enter text.

**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.)
Click or tap here to enter text.

**Have you made an application for a grant to any other bodies? Is so, to whom?**Click or tap here to enter text.

**Brief details of Organisation’s own fund-raising efforts**Click or tap here to enter text.

**Print Name** Click or tap here to enter text.

**Position** Click or tap here to enter text.

**Date** Click or tap here to enter text.

**OFFICE USE ONLY**

**Minute Number:** **Date:**

**Minute Number:** **Date:**