



STOURPORT-ON-SEVERN TOWN COUNCIL

APPLICATION FOR GRANT AID 2025/26

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: _____