



**BINGHAM TOWN COUNCIL**

**APPLICATION FORM FOR COMMUNITY GRANT AID**

Please read the Community Grant Aid Policy attached before completion of this form

Name of group	
Name, address and contact information of person submitting the application	
Membership of the Group	Under 18's..... Residents of Bingham..... Over 18's..... Residents outside of Bingham.....
Information/history about your group	
State the purpose for which financial assistance is sought. (costing's/quotes to be incl)	
Is the group making a financial contribution or providing evidence of any fundraising	
Provide information on the benefit to Bingham residents if an award was made and an approx. number benefitting	
Details of other grants applied for or awarded to the group over the last twelve months	
Please add any further information in support of the application	

Signed .....

Date.....

If not signed electronically, please print your Name.....

**PLEASE ATTACH A COPY OF THE LAST YEARS ACCOUNTS FOR REVIEW**

DRAFT