



CHIPPENHAM TOWN COUNCIL

APPLICATION FOR GRANT/DONATION FORM

Name/Purpose of Organisation: _____

Name of Contact: _____

Address of contact: _____

Postcode: _____ Tel. No.: _____

Fax No.: _____ e-mail: _____

What % of your Members/Beneficiaries are residents of Chippenham? _____

Purpose of application: _____

Total cost of project (If applicable): _____

What contribution/fund raising effort is Organisation making? _____

What other sources are being approached for grants? _____

If specific purchase, please state how it is to be installed and maintained: _____

Amount of grant/ donation requested: _____

Any further information you may wish the Council to take into consideration when assessing the application: _____

PLEASE ENCLOSE A COPY OF YOUR LATEST BALANCE SHEET AND/OR CURRENT STATE OF FINANCES



Return this form to: The Town Clerk, Chippenham Town Council, The Town Hall, High Street, Chippenham, Wiltshire, SN15 3ER. In order for your application to be considered at the next donations meeting, this form should be completed and returned to these offices by