

MILDENHALL HIGH TOWN COUNCIL

The Pavilion, Recreation Way, Mildenhall, Bury St. Edmunds, Suffolk. IP28 7HG



APPLICATION FOR GRANT

Please note that this form should be read and completed in association with the Mildenhall High Town Council Grant Policy. If you do not have a copy of this policy please contact the office.

1 Name of Organisation:

2 Name and address of applicant:

3 What are the objectives of your organisation?

4 Is membership/support open to any resident of Mildenhall, regardless of sex, age, ethnic origin, religion, disability or sexual orientation? If not, please give reason:

5 Amount of grant applied for £

6 Purpose for which the money will be used. Please explain clearly and simply the reason for your request.

7 Have you applied for grant aid to any other organisation (including local authorities)? If so, to whom (please give details of the decision on your application):

8 Is there anything else you wish the Town Council to take into account when considering this application?

9 Please ensure that you have attached up to date accounts in support of this application.

I agree to the Principles of Grant Aid as set out by Mildenhall High Town Council

**Signed
Consent Form**

Dated

Your privacy is important to us and we would like to communicate with you regarding your application for financial assistance. To do so we need your consent. Please confirm your consent. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Council Offices.

Yes, please, I would like to receive communication by telephone / post / email

Signed _____ dated _____