



GILLINGHAM TOWN COUNCIL
Application for Small Grant Assistance to
Local Organisations 2019/20

Name of Organisation	
Registered Charity Number (if applicable)	
Contact Name	
Position in Organisation	
Address	
Telephone Number	
Email Address	
Aims and Objectives of the Organisation Please list and explain how these are currently achieved.	
Benefit to Gillingham Please describe how your Organisation helps to benefit the people of Gillingham– include supporting information as necessary.	
Purpose of Grant Sought	

Amount Requested	£
Amount in Figures	
Details of Grants Received From Gillingham Town Council Over the Past Five Years	
Details of Other Grants Received Over the Past Five Years Please provide supporting evidence.	
Outstanding Grant Applications Please give details including amount(s) of grants from other sources.	
Details of Other Fundraising Activities	
<p>DECLARATION I declare that the information I have provided in this application is, to the best of my knowledge, accurate and true.</p> <p>SIGNED: _____ DATE: _____</p>	
<p>Completed applications and accompanying documents including a recent set of accounts must be sent to: The Town Clerk, Gillingham Town Council, School Road, Gillingham, Dorset SP8 4QR</p>	
<p><u>For Official Use</u> Application checked (date): Application acknowledged (date): Date of Committee Meeting (date) Application Decision: Applicant notified of decision (date):</p>	