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|  | **HAXBY TOWN COUNCIL**Council Office, The Memorial Hall, The Village, Haxby, York YO32 3HTTel: 01904 750378 Email: office@haxbytowncouncil.gov.uk |
| **GRANT APPLICATION FORM****For Local Clubs and Community Organisations** |
| *Please complete this form as clearly as possible, with any supporting information where necessary and return* *it to Haxby Town Council at the above address.* ***Please also refer to the Terms and Conditions below.*** |
| **1. Name of the Club or Organisation:****Charity Registration No. (if applicable)** |
| **Chairman:** | **Secretary or Treasurer:** |
| **Address:** | **Address:** |
| **Telephone Number(s):** | **Telephone Number(s):** |
| **Email address:** | **Email address:** |
| **2. Purpose of the Club or Organisation:** |
| **3. Purpose for which the Grant will be used:** *(Use a Continuation Sheet if necessary)* |
| **4. Total cost of the Project:** *(Itemise where possible and if necessary use a Continuation Sheet)* |
| **5. Amount of Grant requested:** |
| **6. Details of any Grants awarded to your Club/Organisation by Haxby Town Council in the last five years:** |
| **7. What percentage of your membership are Haxby residents? %** |
| ***8.*** *The Council may want to discuss your Application with your representatives so, please supply details of two representatives who will be willing to attend a meeting with nominated Councillors and Council Officers.*  |
| **Representative 1.** | **Representative 2.** |
| **Name:**  | **Name:**  |
| **Address:** | **Address:** |
| **Telephone No:** | **Telephone No:** |
| **9. Form prepared by:**  | **Sign:** | **Date:** |

**Terms and Conditions:**

* The contribution of a Haxby Town Council Grant must be publically acknowledged by the club/organisation.
* Successful applicants **MUST** provide a timely and tangible feedback to Haxby Town Council of the

*‘What, How, Who and When’* the Grant was spent, outlining the benefits to its members and/or other residents of the Haxby community.