



Newmarket T O W N C O U N C I L

THE KING EDWARD VII MEMORIAL HALL, HIGH STREET, NEWMARKET,
SUFFOLK, CB8 8JP

Telephone: 01638 667227

Facsimile: 01638 667201

Town Mayor: Councillor Mrs Jane Bailey

Town Clerk : Isabelle Barrett

Small Budget Grant Scheme Application Form

Before completing this application form please read through the questions, all of which must be answered. Failure to do so may result in your questionnaire being delayed or rejected. If you have any queries when completing the form or you wish to speak to somebody before doing so, please telephone 01638 667 227.

On completion, return the form to the Town Council Offices. The Memorial Hall, High Street, Newmarket CB8 8JP.

NOTE ALL SECTIONS MUST BE COMPLETED

Organisation details

Name.....

Address.....

.....

.....Post Code.....Daytime Telephone

Contact Person details

Mr/Mrs/Miss/Other.....Surname.....Forename Initials.....

Address.....

.....

.....Post Code.....

Daytime Telephone No:.....

Position within the organisation.....

Other Information

How frequently does the organisation operate.....

In total, how many people use or benefit from your facilities/services (i.e. the number of people per week/month/year)

.....

Is your facility/service available to the public?.....

For what specific purpose will the grant be used and in what way will this improve your existing facilities/services? (Please give a full answer indicating which category the project will fall into, i.e. 1=Capital project, 2=Arts & local events, 3=Sports & Leisure, 4= Community projects))

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(use extra sheet if required)

What is the estimated total cost of your project/event? £.....

What level of grant is requested by this application? £.....

a) What amount will you be contributing? £.....

b) What other sources of funding are available to you, i.e. other grants/donations, and from whom?

..... £.....

..... £.....

..... £.....

When do you expect the project to commence?.....

DECLARATION

I, representing the aforementioned organisation, hereby confirm that I have read the Council's Policy and Rules on Eligibility for Grant Aid and agree to abide by the terms and conditions therein.

Signed.....

Date.....

I enclose the following in support of my application. I understand that failure to do so may delay the processing of my application. Tick boxes indicating items enclosed.

- Detailed estimates of the cost of the proposed project
- Details in respect of finance already obtained/currently being sought.
- If the project is in the improvement of a building, proof of tenure of the building.
- Details of organisation's bank account in respect of a successful application
- Any other information that may support your application; i.e. letters of support. Minutes of meetings etc.