

LISKEARD TOWN COUNCIL
GRANT APPLICATION FORM

Do not complete the Application Form until you have read the Grant Awarding Policy and believe that you comply with it.

By making the application you are giving consent for the information to be shared with Councillors and the public

**When you have completed this form please send it to:
The Town Clerk, 3-5 West Street, Liskeard PL14 6BW**

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| Name of Applicant / Organisation | Community Treasure chest CIC |
| Person to contact Position Held | SAMANTHA CONSTANCE Vice chairman |
| How are you funded? | Donations. |
| What benefits will your project give to the town, visibly or in the Community? Who in the Town will benefit? | We will provide free sanitary items for females in the community. Residents who find themselves without any income yet in need of hygiene/ sanitary items will be able to obtain them from us, without questions or vouchers. We will be ensuring bodies like doctors, social workers, community groups etc know of this service. We want to end period poverty in our town and the shame that goes with it. |

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| <p>A brief description of your project</p> | <p>As detailed before, a section in our unit, will be dedicated for period hygiene, discreetly in a corner of our unit, to ensure no female in our area struggles. We aim to have a storage shelf of products, a variety of choice for female residents in need, to be able to collect as needed.</p> |
| <p>Have you previously received a grant from Liskeard Town Council?</p> <p>If 'Yes' please indicate</p> | <p>YES <u>(NO)</u></p> <p>(a) When (Date)</p> <p>(b) Amount received £</p> |
| <p>What is the total cost of your Project?</p> <p>What sum of money are you looking for from the Town Council and what exactly will it be used to support?</p> <p>How is the difference to be funded?</p> | <p>The Council cannot fund the normal ongoing operating costs of organisations. This application should not contain such costs.</p> <p>£500. This is a start up cost. To buy storage units and products as well as pay for initial advertising. Following this, as it becomes known, we are expecting to have be funded by donations. We need to get it started ^{through}</p> |
| <p>Charity Number or Registered Company Number (if applicable)</p> | <p>Please do not sign your name in this box.</p> <p>10257396</p> <p>Date 26.11.19</p> |

IF POSSIBLE, PLEASE PROVIDE AN UP TO DATE COPY OF THE ORGANISATIONS ACCOUNTS

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|----------------------------------|------------------------------|
| Name of Applicant / Organisation | Community Treasure Chest CIC |
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The information on this page of the Application Form will not be made public. It will be used for processing the application and remain confidential.

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| Person to contact | Samantia Constance |
| Position Held | Vice Chairman |
| Address | Unit 2 BARONS PLACE LISICARD PL14 6AY. |
| Telephone | 01579 344597. |
| Email | Communitytreasurechestcic@outlook.com |
| Name of your Bank Account (Account Payable to) | Community Treasure Chest CIC |
| If you prefer BACS payment please complete: | |
| Account Number | 74144219. |
| Sort Code | 53.70.17. |

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| Office Use Only: | |
| Grant Awarded | Yes / No |
| Amount of Grant | £ |
| Date | |

