



## Small Community Grant Application Form (up to £500)

☐ I can confirm that I have read the Grant Awarding Policy and believe that I am eligible to apply

☐ I understand that this application form will be shared with councillors and published on the Town Council website

### Section 1 - Organisation Details

|                                                     |  |
|-----------------------------------------------------|--|
| Organisation Name:                                  |  |
| Type of Organisation:                               |  |
| Charity No / Company No:                            |  |
| Contact Name:                                       |  |
| Position in Organisation:                           |  |
| Social Media Links:<br>(Website/Facebook/Instagram) |  |

Have you previously received a grant from Liskeard Town Council?

☐ Yes

☐ No

If you answer yes:

When (Date):

Amount Received:

Purpose:

### Section 2 - Project Details

|                                      |
|--------------------------------------|
| Project Title:                       |
| Project Description: (Max 250 words) |

Why is the project needed? (Max 200 words)

Proposed Start date:

Proposed Completion date:

### Section 3 - Community Benefit

Who will benefit? (Max 100 words)

Estimated number of beneficiaries?

How does the project support the community?

(Tick all relevant boxes and provide an explanation why you have ticked these below)

- ☐ Health & Wellbeing
- ☐ Young People
- ☐ Older Residents
- ☐ Environment
- ☐ Heritage
- ☐ Arts & Culture
- ☐ Community Cohesion
- ☐ Sport & Recreation

### Section 4 - Accessibility & Environmental Sustainability

What measures have you taken, or will you take, to ensure your project or activity is accessible and inclusive for all members of the community? (Max 250 words)

What steps have you taken, or will you take, to reduce the environmental impact of your project or activity? (For example: reducing waste, recycling, using sustainable materials, encouraging active travel, reducing energy use or minimising single-use plastics.) (Max 200 words)

## Section 5 - Project Budget

|                                       |            |
|---------------------------------------|------------|
| Expenditure<br>(Add budget lines)     | Amount (£) |
|                                       |            |
| Income Source<br>(Add income sources) | Amount (£) |
|                                       |            |

How will you deliver the project if you don't secure all of the grant funding?

## Section 6 - Supporting Documents

- ☐ Completed application form
- ☐ Organisation bank statement (less than 3 months old)
- ☐ Latest annual accounts
- ☐ Quotations for work or equipment if relevant
- ☐ Evidence of match funding (if applicable)

## Section 9 - Declaration

I confirm the information provided is true and agree to comply with the Liskeard Town Council Community Grants Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Applications and Decision Making

Correctly completed applications will normally be considered by Liskeard Town Council at its monthly meeting, usually held on the **last Tuesday of each month**.

Applicants are welcome to attend the Council meeting and, if they wish, give a short presentation in support of their application before Members consider the request.

**The Council may defer an application where further information is required.**

## How to Submit Your Application

Completed application forms and supporting documents should be submitted:

### **By email**

[townclerk@liskeard.gov.uk](mailto:townclerk@liskeard.gov.uk)

**or**

### **By post or by hand**

Town Clerk  
Liskeard Town Council  
3–5 West Street  
Liskeard  
Cornwall  
PL14 6BW

**The information on this page of the application form will not be made public. It will be used for processing the application and will remain confidential.**

|                    |
|--------------------|
| Organisation Name: |
| Contact Name:      |
| Address:           |
| Telephone:         |
| Email:             |

| Bank Details    |
|-----------------|
| Bank:           |
| Account Name:   |
| Sort Code:      |
| Account Number: |

## Office Use Only

Grant Approved: ☐ Yes ☐ No

Amount of Grant: £

Date Paid: