

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 e-mail it to the Town Clerk
townclerk@liskeard.gov.uk or drop into the office mailbox:
The Town Clerk, 3-5 West Street, Liskeard PL14 6BW

Name of Applicant / Organisation	CORNWALL BREATHERS.
Charity Number or Registered Company Number (if applicable)	1199184
Date of the Application	22/4/2026
Person to contact	JOE BARR
Position Held	TRUSTEE.
What does your organisation do?	Help and support people suffering from C.O.P.D. which is a total of 2,000 people in our Liskeard area. People do alled Dobuds, Maintenance & Pericles.
Website or Social Media addresses	kujl and pujl @ outlook.com.
How is your organisation funded?	Donation and fund raising. Support from local business.
Give a brief description of your project.	To make people aware of the impact of COPD in the town. The purchase of 4 24" inch Smart T.V. for the rooms in the incident rooms and hall. A 50" SMART T.V. for the Training Room in the work that when the rooms and public £700 total of the T.V.

	<p>WAS DONATED BY LISKEARD BROTHERS.</p>
<p>What benefits will your project give to the town, visibly or in the impact that the project will have on specific groups or the wider Community? Who in the Town will benefit?</p> <p>Are there currently any similar projects / services available? If so how is your project different?</p>	<p>THIS PROJECT WILL HIGHLIGHT THE FACT THAT LISKEARD TOWN COUNCIL IS WILLING TO HELP ALL PATIENTS AS WELL AS LISKEARD'S PATIENTS.</p> <p>A FEW YEARS AGO WE PROVIDED FUNDS £ TO PURCHASE NEBULISORS FOR DERRYFORD HOSPITALS. THE DIFFERENCE IS THAT A NEBULISORS ARE FOR MEDICAL CONDITIONS & THE TELEVISIONAL ARE FOR THE WELLING OF THE PATIENTS.</p>
<p>Have you previously received a grant from Liskeard Town Council?</p> <p>If 'Yes' please indicate</p>	<p>YES / NO</p> <p>(a) When (Date) NIL</p> <p>(b) Amount received £</p> <p>(c) Purpose</p>
<p>What is the total cost of your Project?</p>	<p>£ 700</p>
<p>What sum of money are you looking for from the Town Council?</p> <p>What exactly will it be used to support?</p>	<p>The Council cannot fund the normal ongoing operating costs of organisations. This application should not contain such costs.</p> <p>£ 700.</p> <p>To purchase the t.v.s. and disability and have taken to the Hospital. Will.</p>

<p>How will the rest of your project be funded?</p> <p>Have these monies all been confirmed?</p>	<p>Any difference will be held by donors. On 26/5/2020 20th anniversary.</p>
<p>Has your organisation adopted its own Safeguarding Policy?</p>	<p>Yes / No</p>
<p>Does your organisation conduct DBS checks on staff and volunteers?</p>	<p>Yes / No</p> <p>n/a</p>
<p>Have you attached a copy of the accounts of your organisation?</p>	<p>Yes / No</p>