

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

Name of Applicant / Organisation	LISKEARD & LOOE FOODBANK.
Person to contact Position Held	LAURENCE RYKEY TREASURER.
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?	OUR PROJECT WILL ENABLE US TO PROVIDE FOOD ETC. TO THOSE IN NEED IN LISKEARD AND THE SURROUNDING AREA. THE REDUCTION IN BENEFITS AND THE INCREASES IN UTILITY ACCOUNTS MEANS WE FORESEE AN INCREASE IN DEMAND FOR OUR SERVICES.

<p>A brief description of your project</p>	<p>THE PROJECT IS TO UTILISE, THE LIMITED SPACE AT THE CURRENT LOCATION, BY MOVING THE ADMINISTRATION STAFF TO ANOTHER LOCATION. AND USING THE SPACE THEY CURRENTLY OCCUPY, TO PREPARE FOOD BOXES, FOR THOSE IN NEED IN THE LISKEARD AND SURROUNDING AREA.</p>
<p>Have you previously received a grant from Liskeard Town Council?</p> <p>If 'Yes' please indicate</p>	<p>YES <input checked="" type="radio"/> NO <input type="radio"/></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>£1050.</p> <p>The Council cannot fund the normal ongoing operating costs of organisations. This application should not contain such costs.</p> <p>£1050</p> <p>N/A.</p>
<p>Charity Number or Registered Company Number (if applicable)</p> <p>1183375</p>	<p>Please do not sign your name in this box.</p> <p>Date 15TH JANUARY 2022.</p>

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