


09 JUL 2018

## 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**

**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 AREA MEMORY CAFÉ
Person to contact	LYNDA PERRETT
Position Held	CHAIRPERSON
Address	BROOKSIDE COTTAGE, COMMONMOOR LISKEARD PL14 6EP
Telephone	01579 345776
Email	shepherd1883@yahoo.co.uk
How are you funded?	GRANTS AND DONATIONS.
What benefits will your project give to the town, visibly or in the Community? Who in the Town will benefit?	TO RELIEVE THE NEEDS AND TO PROMOTE AND PROTECT THE GOOD HEALTH OF PERSONS WHO HAVE DEMENTIA AS WELL AS THEIR CARERS AND FAMILY, BY THE PROVISION AND DEVELOPMENT OF A MEMORY CAFÉ, MONTHLY MEETINGS AND IN ADDITION VISITS WHICH ENHANCE THE QUALITY OF LIFE FOR ALL USERS.
A brief description of your project	A DAY'S OUTING TO MORWELLHAM QUAY WHICH WILL PROVIDE MANY ACTIVITIES.
Have you previously received a grant from Liskeard Town Council?	<del>YES</del> / NO
If 'Yes' please indicate	(a) When (Date)  (b) Amount received £
What is the total cost of your Project? What sum of money are you looking for from the Town Council and what exactly will it be used to support? How is the difference to be funded?	COACH £250 TICKETS £9-50 INC. MINE TRAIN TRIP TOTAL £630. <span style="float: right;">£380</span> LOOKING FOR ANY AMOUNT UP TO £500 THE REMAINING MONIES WILL BE FROM FUNDS

Name of your Bank Account (Account Payable to)	WISKEARD AREA MEMORY CAFÉ
Charity Number or Registered Company Number (if applicable)	Signed  Date 9th July, 2018.

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