

17 JUL 2017



**Merlin  
MS Centre**

UK Charity Reg No: 1093691

13<sup>th</sup> July 2017

Bradbury House  
Hewas Water  
Cornwall  
PL26 7JF

The Town Clerk  
3-5 West Street  
Liskeard  
PL14 6BW

Dear Sir/Madam,

**A fundraising application to Liskeard Town Council**

*Supporting disabled people with Multiple Sclerosis (MS) in Liskeard*

Following my recent fundraising appeal letter to the Town Council, I am pleased to enclose my completed application form for funding. It doesn't have quite as much information as my previous letter, however, I hope that it now meets the correct format for consideration at your next meeting.

Please also find enclosed a copy of our latest annual report and accounts.

With very best wishes

*Nicola Hawkins*

Nicola Hawkins MInstF (Cert)  
Trust Fundraising Manager  
Tel. 01726 885535  
[nicola@merlinmscentre.org.uk](mailto:nicola@merlinmscentre.org.uk)

## 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	MERLIN MS CENTRE
Person to contact	NICOLA HAWKINS
Position Held	TRUST FUNDRAISING MANAGER
Address	BRADBURY HOUSE, HEWAS WATER, ST AUSTELL, CORNWALL, PL26 7JF
Telephone	01726 885535
Email	nicola@merlinmscentre.org.uk
How are you funded?	Donations and service fees
What benefits will your project give to the town, visibly or in the Community? Who in the Town will benefit?	Merlin MS Centre provides clinical services, therapies, respite care, community transport, counselling, information, support and advice to people affected by Multiple Sclerosis (MS) and other neurological conditions. We provide support to up to 70 people a day and help people in Liskeard with community transport so they can access our vital health services. Access to therapies on a regular basis can help people with multiple sclerosis be more independent and less reliant on health and social care services in general. People have a better quality of life and more information about managing their condition.
A brief description of your project	
Have you previously received a grant from Liskeard Town Council?	YES/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? How is the difference to be funded?	3 VEHICLES, COMMUNITY TRANSPORT. ONE YEARS COSTS: FUEL - £7,800 INSURANCE - £3,624 SERVICING - £3,000 TOTAL - £14,424.

£60 A DAY - VISITING LISKEARD ONCE A WEEK

Name of your Bank Account (Account Payable to)	MERLIN MS CENTRE
Charity Number or Registered Company Number (if applicable)  1093691	Signed <i>Nicola Hawkins</i>  Date <i>13 JULY 2017</i>

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