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

The Town Clerk, 3-5 West Street, Liskeard F 14 05W	
Name of Applicant / Organisation	LIONS CLUB of LISKEARD.
Person to contact	JOHN GLIPPON.
Position Held	TREASURER.
Address	WOODONG A HOUSE
Telephone	LISICE A CLD
Email	01579-343628
How are you funded?	BY OVR OWN PUNDRAISING.
What benefits will your project give to the town, visibly or in the Community? Who in the Town will benefit?	and enjoyment to the eldery & pula
A brief description of your project	Curie Artur the Pants a production over 3 wights. 2 mights FOC and I for paging public.
Have you previously received agrant from Liskeard Town Council? If 'Yes' please indicate	(a) When (Date) 20 15. Pourto. (b) Amount received £ 300.00
What is the total cost of your	Amarox. +3700.00
Project? What sum of money are you looking for from the Town Council?	Any hing
How is the difference to be funded?	Own fundraising

Name of your Bank Account (Account Payable to)	Liskeard Lions Charity Account.
Charity Number or Registered Company Number (if applicable)	Signed Almudo. Date 12 Dec 2016.

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

Accounts away for audit at this time.