

17 FEB 2023

**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 & DIST FLOWER ARRANGEMENT CLUB
Person to contact	MRS. KAY SHEPHERD
Position Held	CHAIRMAN
How are you funded?	SELF FUNDED
What benefits will your project give to the town, visibly or in the Community? Who in the Town will benefit?	<p>For fifty five years our members have been buying their flowers &amp; accessories from local traders. We have supported St. Matthew's Day Fair with a flower stall and contribute to flower festivals in the area.</p> <p>We regularly hold workshops and run classes to teach others interested in the flower world.</p> <p>We are affiliated to NAFAS (National Association of Flower Arranger Societies). We also do a therapy session each year at the Memory Cafe.</p>

<p>A brief description of your project</p>	<p>It is the year of our Emerald Anniversary and we are holding a celebration at the Public Hall on 27th October 2023, there will be a flower demonstration and afternoon tea will be provided.</p>
<p>Have you previously received a grant from Liskeard Town Council?  If 'Yes' please indicate</p>	<p><b>YES / NO</b>  (a) When (Date) 2/18 (February 2018)  (b) Amount received £ 250 -</p>
<p>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?</p>	<p>The Council cannot fund the normal ongoing operating costs of organisations. This application should not contain such costs.  Approximately £2000 £350 -  From ticket sales and club funds.</p>
<p>Charity Number or Registered Company Number (if applicable) NAFAS REG. CHARITY 1101348</p>	<p>Please do not sign your name in this box.  Date</p>

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