**Peacehaven Town Council**

Meridian Centre, Meridian Way

Peacehaven, East Sussex, BN10 8BB

Tel: 01273 585493

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| **EMERGENCY COMMUNITY GRANT  APPLICATION FORM** |

**The Town Council invites grant applications, which primarily support local organisations and which directly benefit residents of the Town.**

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| **1*.* NAME OF ORGANISATION**: ………………………………………………………………………….  **If application is granted, payments will be made by cheque:**  **Account Name Payee:……………………………………………………………………………………**  **Postal Address to send cheque to…………………………………………………………………….**  **……………………………………………………………………………………………………………….** |

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| **2. ADDRESS:**  **Contact Name: ………………………………………………………………………………………………**  **Email Address: .…………………………………………………………………………………………….**  **Telephone Number: …………………………………………….** |

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| **3. VAT REGISTERED: YES / NO** |

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| **4. REGISTERED CHARITY: YES / NO**  **Charity Registration No: ………………………..** |  | **5. DATE ORGANISATION ESTABLISHED:** |

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| **6. DESCRIPTION OF ORGANISATION INCLUDING AIMS** |

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| **7. MEMBERSHIP**  **Total Membership / Service Users: …………………….**  **Membership / Service Users resident in Peacehaven …………………..** |

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| **8. REASON FOR GRANT REQUEST:**  *(Details to be provided of how the grant will be used. How many Peacehaven residents will benefit from this application? Please include financial information to support your request.)* |

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| **9. AMOUNT OF GRANT REQUESTED** *(See Peacehaven Town Council Emergency Community Grants Policy. If you are registered for VAT, it should not be included in the amount requested)* |

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| **10. WHO HAVE YOU APPLIED TO FOR OTHER GRANTS RELATING TO COVID:** *(e.g. organisations applied to and amount requested / amount received)* |

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| **11. HAVE YOU APPLIED TO LEWES DISTRICT COUNCIL FOR A COVID RELATED GRANT?** |

**12. FINANCIAL INFORMATION:**

*(Please complete details below)*

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|  | **NOW** |
| **Current Assets** |  |
| **Current Cash Balance** |  |
| **Current Income** |  |
| **Current Expenditure** |  |

**Signature ……………………………............. Date …………….........**

*(person authorised to apply for and on behalf of the organisation named in Item 1)*

*Please return your completed form to Peacehaven Town Council, Meridian Centre, Meridian Way, Peacehaven, BN10 8BB or email to* [*townclerk@peacehaventowncouncil.gov.uk*](mailto:townclerk@peacehaventowncouncil.gov.uk)