

Coronavirus Recovery Grant Application Form

Please answer all questions which are relevant to your organisation – failure to do so may result in a delay in the determination of your application

PROJECT SUMMARY (In no more than 25 words)		GRANT AMOUNT REQUESTED	£
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You and Your Organisation

Q1 Name of organisation making application:

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Organisation verification;

Please supply the organisation's registered Charity Commission number:

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Alternatively, if your organisation does not have a Charity Commission number please provide information demonstrating that your group is activate (leaflet, website, social media, etc):

.....

Name of contact for this application

Title: First Name:Surname:

Position held in the organisation:

Contact Address, including full postcode:

.....

.....

.....Postcode:

Contact Telephone Number:

Email address:

Q2 Bank details

Any funds will be paid directly into this account

Account Name	Sort Code	Account Number

What do you want support with?

Q3

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Town Council Residents

Q4

How many residents from the Gainsborough Town Council area do you think will benefit if this application is successful.....

Any Other Information

Q5

Any other information which you consider to be relevant to your application.

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Please send your application to: townclerk@gainsborough-tc.gov.uk

For more information call (open between 9am-3pm): **01427 811573**

You can write to **Richmond House, Richmond Park, Morton Terrace, Gainsborough, DN21 2RJ**