

PLATINUM JUBILEE GRANTS APPLICATION FORM

| GROUP / ORGANISATION DETAILS | | | |
|---|------------------------|--|--|
| Group/Organisation name | | | |
| Group address (or meeting premises) | | | |
| Applicant name | | | |
| Applicant address | | | |
| Telephone number(s) | | | |
| Email address | | | |
| EVI | ENT / ACTIVITY DETAILS | | |
| Event/Activity name | | | |
| When and where will the event/activity be held? | | | |

| Description of | |
|---|-----------|
| Description of | |
| the event/activity | |
| (Continue on another sheet if | |
| necessary. 200 words max.) | |
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| | |
| Is the event/activity open to | |
| the whole community? | |
| | |
| Estimated attendance of the | |
| event/activity | |
| | |
| How many volunteers | |
| will be involved? | |
| | |
| What will they be doing? | |
| | |
| | |
| | FUNDING |
| | I SNBIIVO |
| What is the estimated total cost of the event/activity? | |
| cost of the event/activity! | |
| How much grapt are | |
| How much grant are you applying for? | |
| (£500 maximum) | |
| | |
| Hammell (III) | |
| How will this funding be matched? | |
| | |

| Does the event/activi any other sources of i Please specify | ncome? | | | | | | |
|--|--------------|---------------------|-----------|----|------|--|--|
| BREAKDOWN OF COSTS | | | | | | | |
| | (Continue on | another sheet if no | ecessary) | | COST | | |
| | | | | | 3331 | | |
| | | | | | | | |
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| DECLARATION | | | | | | | |
| I declare that: | | | | | | | |
| I have read and understood the accompanying guidance notes; | | | | | | | |
| The information in this application form is correct to the best of my knowledge; | | | | | | | |
| If successful, my group/organisation will only use the small grant for purposes listed | | | | | | | |
| in this application; | | | | | | | |
| I will forward a copy of all receipts relating to the event/activity to Broxbourne | | | | | | | |
| Council; | | | | | | | |
| I understand that the decision of the Council in relation to the determination of | | | | | | | |
| grants is final. | | | | | | | |
| SIGNATURE | | | | | | | |
| FULL NAME | | | DA | TE | | | |
| | <u> </u> | | | | 1 | | |

| I enclose: (please tick as appropriate) |
|---|
| A copy of my organisation's constitution |
| A signed letter of support from my group members |
| Please post or e-mail the completed form and any additional information to: |
| grants@broxbourne.gov.uk |