



**BRAUNSTONE TOWN COUNCIL**  
Braunstone Civic Centre, Kingsway  
Braunstone Town, Leicester, LE3 2PP  
Tel: 0116 2890045 Fax: 0116 2824785  
www.braunstonetowncouncil.org.uk



## APPLICATION FOR A GRANT - INDIVIDUAL

NAME OF INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN BRAUNSTONE TOWN? \_\_\_\_\_

**PURPOSE OF GRANT** (Please ensure that the project is compatible with all our criteria – Please attach any supporting documents, evidence for your application)

START DATE OF PROJECT \_\_\_\_\_ FINISH DATE OF PROJECT \_\_\_\_\_

### GRANT CRITERIA

An application for an Individual Grant must comply with all three criteria in order to be considered. Please complete each of the following boxes showing how your project matches the criteria

**Show evidence of an outstanding skill or talent or provide details of an exceptional opportunity, especially where this involves elements of service to the community**

**Show how a modest grant will make a real difference in developing their skill or talent or in enabling them to take up an opportunity**

**Demonstrate how financial hardship or other circumstances would bar their progress unless a grant were made**

<b>BREAK DOWN OF PROJECT COSTS</b>	<b>AMOUNT</b>
Please give individual costs for each item	
	£
	£
	£
	£
<b>TOTAL COSTS</b>	£

<b>INCOME FROM</b>	<b>AMOUNT</b>
Your own contribution	£
Other organisations/grant scheme	£
Fundraising	£
Other	£
Amount requested from Braunstone Town Council up to £300	£
<b>TOTAL INCOME</b>	£

HAVE YOU APPLIED TO BRAUNSTONE TOWN COUNCIL BEFORE FOR A GRANT YES/NO

FUNDING RECEIVED £ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

The Council has an obligation to consider Crime & Disorder implications of all its activities and to do all that it can to prevent Crime & Disorder in its area.

Will your application have a positive or negative impact on Crime Reduction and if so, please give details –

I UNDERTAKE TO

- a) To provide Braunstone Town Council with three of my latest bank statements
- b) Provide Braunstone Town Council with a written report on the project/trip (outcomes/experiences etc) within 4 weeks of the finish date
- c) To repay all monies received from Braunstone Town Council should the project/trip not proceed for any reason

IF GRANT IS AGREED PLEASE ADVISE HOW YOU WISH TO BE PAID

- CHEQUE – PAYABLE TO \_\_\_\_\_
- BACS (Please complete the enclosed form)

**DATA PROTECTION:** by applying for a grant you agree to Braunstone Town Council collecting and processing your personal data to enable us to deal with your application and any other related service request. A copy of the Council's Data Protection Policy and our General Privacy Notice, which sets out more information about the Council's lawful basis for collecting, processing and retaining personal data, are available from Reception or the Council's website.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

It may be useful for you to discuss your project before making an application or request assistance in completing the form. Please do not hesitate to contact Pauline Snow, Deputy Executive Officer & Community Services Manager on telephone 0116 2899270 or paulinesnow@braunstonetowncouncil.org.uk if you require any advice or help with the grant application. Insufficient or incomplete information may result in the application being refused