



**GRANT APPLICATION FORM**  
**2011/2012**  
**BUCKINGHAM TOWN COUNCIL**

NAME OF ORGANISATION .....

ADDRESS .....

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GRANT AMOUNT APPLIED FOR £.....

REASON FOR GRANT .....

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**/continued overleaf**

**Please note:**

- Grants will only be considered for projects and activities beneficial to the people of Buckingham.
- Due to limited grant funding – allocation will be made on merit of the project as agreed by the Council; the awarded grant may be less than the amount requested
- Applicants are required to provide **5 copies** of the application form and **5 copies** of their latest audited accounts.

Grants will only be considered once a year

Please give a contact name of a person who would be available to provide additional information, if required.

CONTACT NAME .....

CONTACT ADDRESS .....  
If different to that overleaf  
.....

TELEPHONE NO. .... Email .....  
*(This contact information is for office use only)*

WE CONFIRM THE INFORMATION IS CORRECT AND THAT WE ARE PREPARED TO ATTEND THE ANNUAL TOWN MEETING TO REPORT ON THE USE OF THIS GRANT, IF REQUIRED.

SIGNED .....

POSITION .....

DATE .....

**ALL FORMS AND LATEST AUDITED ACCOUNTS  
TO BE RECEIVED BY 12 NOON on 21<sup>th</sup> NOVEMBER 2011.**

Send/Deliver to:  
THE TOWN CLERK  
Buckingham Town Council, The Buckingham Centre, BUCKINGHAM. MK18 1JP

GRANT APPLICANTS WILL BE NOTIFIED OF THE COUNCIL'S DECISION BY  
7<sup>th</sup> FEBRUARY 2012; GRANT CHEQUES WILL BE PAID IN MAY 2012.

**NO APPLICATION WILL BE CONSIDERED WITHOUT 5 COPIES OF  
THE NECESSARY PAPERWORK.**