



# Lutterworth Town Council Capital Grants Application

Name of Organisation:	Contact Name:
Correspondence Address:	
Postcode:	
Daytime Telephone:	Evening Telephone:
Email Address:	
1. What is the Nature of your organisation's activity?	
2. What are the aims and objectives of your organisation?	

3. When was your organisation formed?				
4. Has it ever operated under another name? (if so please state)			Yes	No
5. If yes, when did the change take place?				
6. Is your organisation a registered charity? (if yes, please state charity number)			Yes	No
7. Is your organisation part of, or affiliated to any national organisation? (if yes, please give details)			Yes	No
8. What catchment area is covered by your organisation?				
9. Is your organisation member based? If yes, please detail the number of members below: If no, go to question 10				
Lutterworth Residents	Number	Non Lutterworth Residents	Number	
Adults (18+):		Adults (18+):		
Juniors:		Juniors:		
10. If your organisation is not member based, please give details of the number of people you work with/provide services for and how many are Lutterworth residents:				
11. Describe the project or purpose for which you require a Capital Grant:				

12. How will the project benefit residents of Lutterworth?

13. Is your organisation VAT registered? (if yes, please provide VAT number:	Yes	No
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14. Intended project start date:

15. Intended project end date:

**16. FINANCIAL ASSESSMENT**

Estimated cost of project:	Total (round pounds):
	£
	£
	£
	£
	£

VAT (if applicable):	£
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Total estimated cost of project:	£
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17. How are you going to fund the project?

a) How much money from your own funds are you going to use?	£
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b) How much money for the project do you hope to raise through	£
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staging your own events (if applicable)?	
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c) Will you be receiving grants or donations from other organisations towards the cost of the project? If so, please detail below:

Funding Body:	Applied for or confirmed?	Date funds received/expected:	Total (round pounds):
1			£
2			£
3			£
4			£

Total (other Grants and Donations:	£
Request from Lutterworth Town Council:	£
Total cost of project:	£

**18. SURPLUS/DEFICIT OF PROJECT**

If there is a shortfall in raising funds for the project, how do you propose to meet the deficit?

19. Have you previously received or applied for a grant from Lutterworth Town Council?	Yes	No
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20. If yes, give details below (amounts and years):  
If no, go to question 21

21. Please add any further information in support of your application (additional literature, leaflets or recent annual reports may be enclosed with this application):

**22. Declaration**

I declare that I have read and accepted the Guidance Notes and Conditions of Funding and that I have answered all questions fully and truthfully. I also declare that any grant made will be used solely for the purposes outlined in this application. I understand that Lutterworth Town Council reserve the right to reclaim the grant in the event of it not being used for the purpose specified.

Full Name:

Signed:

Date: