

Thank you for applying for a grant from Longridge Town Council. Your application will be considered by a small Committee of Councillors who will make recommendations to Full Council.

The Committee will carefully consider your application, so please provide all the information requested. Please also supply any additional information you think will help Councillors understand your need for financial support. If you wish to discuss your application please contact Mike Hill, the Town Clerk, using the telephone number or email address below.

Name of Organisation				
Address of Organisation.				
This should be the base if you have, or the venue where your activities are usually carried out.				
Charity Number (if applicable).				
If you are not a registered charity please enclose a copy of your constitution, and a copy of your most recent accounts.				
Constitution attached	Y/N	Copy of accounts attached	Y/N	
Charity Number				
Contact Name. Person completing this form. Please indicate your role within the organisation or group e.g. Secretary, Treasurer.				
Contact Address. Of the person completing this form including post code.				



Telephone:	Mobile:	
Email:		

Briefly describe the objectives of the organisation or group and how it benefits the residents of Longridge.

Purpose for which any financial support is requested.



Amount Requested:

Please describe the level of financial support requested from the Council, and supply details of costs, including copies of invoices, quotations, price lists, or any additional information to show how you have arrived at the sum requested.

Amount Requested	£	
Details:		
Confirmation:		
I/we agree that I/we will repay to the Council any grant awarded if the project for which the grant has been awarded does not take place.		
I confirm that the inform	ation given above is correct.	
Name of Applicant (please p	print)	
Signature of Applicant:		
Date:		

Mike Hill

Clerk and Responsible Financial Office to Longridge Town Council.

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