

WELLS CITY COUNCIL

COMMUNITY GRANTS APPLICATION FORM

ORGANISATION	
Name of your organisation / group:	
What does your group / organisation do?	
CONTACT DETAILS	
Name of person applying:	
Address:	
Post code:	
Telephone:	
E-mail:	
Your position in the organisation: e.g. Chairman, Secretary, Leader	
AMOUNT	
How much are you applying for? (up to £500)	£
THE PROJECT	
What project is this grant for?	
How will this project benefit the community in Wells?	
When will the grant money be used?	
Page 1 of 2	

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FINANCIAL STATUS

The applicant must satisfy the Committee that there is financial need for the grant to be given and provide evidence of financial status including accounts and good management.

Attachments accepted.

DATE OF APPLICATION: