



HALESWORTH TOWN COUNCIL

Waveney Local Office

London Road

Halesworth

Suffolk

IP19 8LW

(01986) 874517

clerk@halesworthtowncouncil.org.uk

GRANT/DONATION APPLICATION FORM

Name of organisation	
Name of account for payment (if different from above) 1	
Bank Details (a/c & s/c)	
Organisation address	
Contact name	
Contact address	
If a registered charity, please give no:	
Average income per annum	
Project or activity grant required for	
Overall cost of the project	
How much has been raised so far	
Sum applied for	
Proportion/number of beneficiaries living in the electoral area	
Please give details of any other grant applications made to other organisations 2	
Would you like assistance in finding other sources for grants?	
Signed by	

¹ Payment may be made by cheque or bacs

² The provision of such information will not jeopardise this application to HTC