



**MALTON TOWN COUNCIL
SMALL GRANT PROGRAMME - 2021**

Name of group:	
Main group contact: (full name and title)	
Position in group	
Address	
Telephone	
Email	
Website	
Please provide <ul style="list-style-type: none">• detailed description of the project• evidence of the need for your project• and show who will benefit from it	
What are the full costs of the project (including VAT if applicable)	
Provide any match funding information (i.e. funder name and the amount you expect from them)	Funder £..... Funder £..... Funder £.....

Please tell us the stage at which your other applications are at, ie just applied, awaiting outcome of application or funding confirmed.	
What contribution to these costs would you like from the Town Council?	£
Is this contribution for a specific element of the project?	
What is the structure of your organisation?	Community Group <input type="checkbox"/> Registered charity <input type="checkbox"/> Other <input type="checkbox"/> Please give details below
Bank Details	Sort Code: Account No: Account Name:

SUPPORTING INFORMATION CHECKLIST	Tick to confirm enclosure
Group constitution or set of rules	
Copy of the most recent/audited accounts	
Evidence of planning permission (if necessary)	
At least two quotes for capital items	

Please return to:
 Gail Cook, Town Clerk, Malton Town Council,
 The Wesley Centre, 10-12 Saville Street, Malton, YO17 7LL
Deadline for applications Thursday 19th August 2021

Tel: 01653 609888

Email: clerk@malton-tc.gov.uk

www.malton-tc.gov.uk