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**APPLICATION FOR**

**THE KING’S CORONATION COMMUNTIY FUND**

Please complete and return this form to the address above, with any documentation to support your application.

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Organisation (if applicable) |  |
| Address of person making application  |  |
| Position held in organisation (if applicable)  |  |
| Telephone number |  |
| E-mail address |  |

|  |  |
| --- | --- |
| Description of Planned Celebration |  |
| Amount of funding requested |  |

Please answer the following questions about your celebration:

|  |  |
| --- | --- |
| Who and how many people will benefit from this celebration |  |
| Are you partnering with other groups to carry out this celebration, if so who? |  |

|  |  |
| --- | --- |
| If any land or property is to be used for your celebration, do you have the land owners permission?  |  |

**PROJECT COSTS**

|  |  |
| --- | --- |
| Total cost of celebration. |  |
| Amount of grant you are applying for. |  |
| Have you raised the balance of the funds?  | Yes No |
| If not, do you intend to raise the balance of funds?  |  |
| Have you applied for a grant elsewhere for this celebration?  | Yes No |
| If so, from which organisation(s), how much and when will you know the outcome? |  |
| Bank Details for Payment (if successful) | Bank Name: Account Name: Account No: Sort Code:  |

The following supporting documents are helpful – please tick the box for those attached of state n/a if not applicable:

|  |  |
| --- | --- |
| The Constitution of the Organisation or the aims and objectives of the organisation  |  |
| Copy of the costing for the celebration to which the application applies  |  |
| Copy of the public liability insurance certificate  |  |
| Copies of any permissions needed to carry out the celebration (e.g. land owners permission etc). |  |

You are invited to send in any further information in support of your application, for example photographs or letters of support from the community. The Council reserves the right to request further information, if required.

**DECLARATION**

We confirm that all the information contained within this application is true and accurate to the best of our knowledge and belief. We have read and agree to abide by the terms and conditions (tick to agree)

|  |  |
| --- | --- |
| Signature 1 (person submitting form) |  |
| Signature 2 (Chair or senior representative of the organisation, if applicable) |  |
| Date |  |

If you require help with completing this form or need clarification regarding grants, please telephone 01600 732722 or e-mail caitlin@monmouth.gov.uk.