OVERTON COMMUNITY COUNCIL

COMMUNITY CHEST GRANT APPLICATION FORM

To: **Mrs Katrina Chalk (Clerk to Overton Community Council)**
Overton Village Hall, Penyllan Street, Overton, LL13 0EE
01978 710055

NAME OF ORGANISATION:	
SECRETARY:	TELEPHONE NUMBER:
ADDRESS:	
PURPOSE FOR WHICH A GRANT IS APPLIED FOR:	
AMOUNT APPLIED FOR:	
CURRENT BALANCE OF LOCAL ORGANISATION:	

If your organisation was established less than 12 months ago please indicate your programme of fund-raising events for the next 12 months.

EVENT	DATE	VENUE

I declare that if my/our application is successful, the grant will be used solely for the purpose stated above.

Chairman/Secretary_____Date _____

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For office use.

Date Application Form Received: _____ Amount requested: _____

Date of Payment: _____ Amount allocated: _____