Annual Grant Application for 2024-25

NAME OF ORGANISATION Membership	
Official / Registered Address of the Organisation	
Address to which correspondence should be sent if different from above	
Contact details of the person completing this application	
Contact name	
Desition held	
Position held	
Daytime telephone number	
Email address	
Linaii addices	
When was your organisation established?	
What is the legal status of your organisation? please tick one of	the
following	
a) unregistered voluntary or community organisation b) registered Charity in England or Wales	
c) waiting to be registered as a Charity	
d) charity recognised by HMRC in Scotland or Northern Ireland	
e) exempt / excepted Charity registered in England and Wales Registered Charity No (if applicable)	
Tragicial a Griding Tra (ii applicable)	
PROJECT	
Project Description	

Desirat Descrite in relation to Morley, it's residents and visitors	
Project Benefits in relation to Marlow, it's residents and visitors	
Total cost of project	£
Grant request total	£
	2
EQUAL OPPORTUNITIES	
Equal Opportunities seek to help all people receive fair and equitable acce	
organisations provide. The Council has a legal duty to promote equality w	hether on grounds or race,
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this application. Say if the reserves or surplus are to fulfil statutory responsibilities
Please attach an additional sheet(s) (if required) to include any other supporting information in respect of this application.
DECLARATION
Please read the following declaration carefully. The conditions will apply to you if your application for a grant is successful.
We are aware that Marlow Town Council is committed to protecting and improving the environment and sustainability. In using the funds received by our organisation as a grant, we will make every effort NOT to purchase or acquire disposable products or supplies made of plastic and other types of nonrecyclable materials in furtherance of the projects or causes for which the grant money is received. All the organisation's promotional material will acknowledge the support of Marlow Town Council
By signing below I accept these conditions apply if funding is approved.
SignedName
SignedName
Signed
Signed

Please send your completed application form together with:-

- Equal Opportunities StatementAnnual Accounts Statement

To: The Town Clerk, Marlow Town Council, Court Garden, Pound Lane, Marlow, Bucks SL7 2AG.

APPLICATIONS FOR GRANTS WILL BE CONSIDERED AT THE RESOURCES COMMITTEE MEETINGS. PLEASE SUBMIT YOUR APPLICATION A MINIMUM OF 3 WEEKS PRIOR TO THE DATE OF THE MEETING.