



Ward Grant Application Form

A: APPLICATION SUMMARY

Organisation Name:	
Title of Project:	

Contact name <i>(Inc. title)</i>	
Position in organisation / group:	
Correspondence Address:	
Postcode:	
Email address:	
Daytime telephone number:	

Reason for application . brief project/event description:	
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How much is requested from Folkestone Town Council?	£
Total cost of project:	£

Declaration: I hereby declare that all information provided is true and accurate to the best of my knowledge. I agree to complete and return any forms relating to this application which are sent to me in the future:

Name:	Position in the organisation:
Signature: (or print name if returning by email)	Date:

DATA PROTECTION STATEMENT

Your details will be kept securely by Folkestone Town Council under the terms of the Data Protection Act and Freedom of Information Act 2000

FTC must protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. In order to achieve this, information may be shared with other bodies responsible for auditing or administering public funds including the Audit Commission, the Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. We might use personal information provided by you in order to conduct appropriate identity checks. If you provide false or inaccurate information in your application or at any point in the life of any funding we award you and fraud is identified, we will actively seek recovery of the awarded grant funding, and will provide details to fraud prevention agencies, to prevent fraud and money laundering.

The information provided on this application will be held on a database and used to provide information to officers and members of the Town Council.

Organisations are asked to agree to allow its details to be used in the Town Council's website, publications and other materials. Do you agree for your organisation's details to be included? (Please note that personal and financial details will not be published.)

Please select as applicable

Yes No

B: SUPPORTING STATEMENT

(All applicants to complete – please continue on a separate sheet if necessary)

Why do you think the Town Council should support this application? Please note that you are required to demonstrate a benefit to some or all of the town's residents.

Support for the application . brief outline from Ward Councillor:

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Ward Councillors details:	
Name:	Ward:
Signature: (or print name if returning by email)	Date:

Any award will be paid by BACS. Please enter you bank details below:

Name of applicant:	Name of account holder:																				
Signature: (or print name if returning by email)	Date:																				
Sort Code:	Account number:																				
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Please return your completed form to:

Liz Timmins, Marketing & Communications Officer, Folkestone Town Council, The Town Hall, 1-2 Guildhall Street, Folkestone, CT20 1DY

Tel: (01303) 257946

Email: liz.timmins@folkestone-tc.gov.uk