**EASTWOOD TOWN COUNCIL**

**APPLICATION FOR GRANT UNDER THE GENERAL POWER OF COMPETENCE**

**VOLUNTARY ORGANISATIONS AND CHARITABLE BODIES 2025 - 2026**

Name of Club/Organisation………………………………………………………………………………….........

Name and Address of Secretary/Contact…………………………………………………………….................

………………………………………………………………………………………………………………………...

Telephone No. ………………......................................................................................................................

Date of formation of Club/Organisation…………………………………………………………………………..

Area served by Club/Organisation………………………………………………………………………………..

Main activities of Club/Organisation………………………………………………………………………………

………………………………………………………………………………………………………………………..

What benefits do you feel that your Club/Organisation brings to Eastwood? …………………………….....

………………………………………………………………………………………………………………………..

**Membership Details**

Under 18 years of age…………………………... Between 18 and 60 years of age…………………….

Over 60 years of age……………………………. Total membership…………………………………...…

Estimated proportion of members who live in Eastwood……………………………………………………….

Current membership/subscription fees (please indicate whether per visit/week/year)…………………....

………………………………………………………………………………………………………………………..

What do you require a grant for? ................................................................................................................

………………………………………………………………………………………………………………………..

Have you applied to any other Organisations, including Local Authorities, for Grant Aid? ........................

…………………………………………………………………………………………………………….................

What was the outcome of the Application? ................................................................................................

If your Application is successful, who would you like us to make the cheque payable to…………………..

………………………………………………………………………………………………………………………..

**Please enclose a copy of your latest audited accounts with this application (no bank statements will be accepted).**

Signed……………………………………… Position…………………………… Date…………………………

Please return completed form to Eastwood Town Council, 120 Nottingham Rd, Eastwood, Nottingham NG16 3NP, or by email to townclerk@eastwood-tc.gov.uk by 31st January 2026

For further guidance, please see ETC’s Grants Policy (available on the website)