

**Application for Grant for Voluntary Organisations
Local Government Act 1972, Section 137**

Please note that this application will not be considered unless it is accompanied by a copy of the latest set of annual accounts showing the organisations income, expenditure and level of balances. If the organisation does not prepare annual accounts, copies of the bank statements covering the previous six months must be enclosed.

Notes to Applicants

To help us process your application quickly, please:

- Read the Applicant Guidance Notes carefully
- Complete the application fully – we will not consider incomplete forms
- Let us know if you have any questions before sending in your application

Name of organisation	FRIENDS OF THANCKES PARK
Full postal address	20 TREWTHICK AVENUE TORPOINT Postcode: PL11 2PX.
Contact name/position	SAMM BICKLE CHAIR PERSON
Telephone number	07748545580
Email	friendsoftr2018@gmail.com
Charity Registration Number (if applicable)	N/A
Project title	Replacement of recycled bench.
Estimated start date	ASAP.

Please tell us about the project and why you think it should receive the contribution from Torpoint Town Council

To replace the bench that was vandalised over the Easter period. The bench is used by the whole community and has been destroyed

Who will benefit from the project and how many of those are residents of Torpoint parish?

The whole community

Project costs (Please provide a breakdown of the costs of the project)	£	p	Funding	£	p	S = Secured A = Applied for (delete as applicable)
	725		Own fundraising			S/A
						S/A
						S/A
						S/A
						S/A
			Amount you are seeking from Torpoint Town Council	725		
Total cost*	725		Total income*	725		

Please note: *The Total Cost and Total Income amounts must balance

(e.g. Total Cost - £100; Total Income - £100)

Checklist (Please make sure you have included the following with your application)	✓
Written confirmation of any match funding awarded to your project (a letter or e-mail)	
Your organisations latest set of accounts or latest bank statement	

Declaration

I declare that the information supplied in this application is true.

I agree that, if this application is successful, any grant money received will be used for the purposes described in this form and in accordance with the terms and conditions listed below. I confirm that I am duly authorised and empowered to confirm this on behalf of the applicant group.

Signature: *L Jones @MB210*

Date: 20/4/23

Name (Please Print): Leanne Jones SAMM BICKLE