

## , TORPOINT TOWN COUNCIL

### Application for Grant for Voluntary Organisations

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

<b>Name of organisation</b>	<b>Defibrillator cremyll Road</b>
<b>Full postal address</b>	<b>61 Cremyll Road Torpoint PL11 2DZ</b>
	<b>Postcode:</b>
<b>Contact name/position</b>	<b>Paul Smith/Defibrillator carer</b>
<b>Telephone number</b>	<b>07903 659506</b>
<b>Email</b>	<b>Cremyll653@gmail.com</b>
<b>Charity Registration Number</b> (if applicable)	<b>Na</b>
<b>Project title</b>	Replacement battery for defib located on home address.
<b>Estimated start date</b>	ASAP

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

The battery has come to the end of its time after being deployed 8 times and used once over 4 years.

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

**This defibrillator is available 24Hrs a day for the residents of Torpoint on my home address in Cremyll Road.**

<b>Project costs</b> (Please provide a breakdown of the costs of the project)	<b>£</b>	<b>p</b>	<b>Funding</b> <b>235.00</b>	<b>£</b>	<b>p</b>	<b>S = Secured</b> <b>A = Applied</b> <b>for</b> (delete as applicable)
Defib battery	235	00	Own fundraising			S/A
VAT	47	00				S/A
						S/A
						S/A
						S/A
			Amount you are seeking from Torpoint Town Council	282	00	
Total cost*	282	00	<b>Total income*</b>	282	00	

**Please note: \*The Total Cost and Total Income amounts must balance**  
(e.g. Total Cost - £100; Total Income - £100)

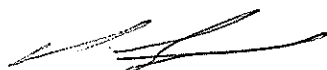
<b>Checklist</b> (Please make sure you have included the following with your application)	✓
Written confirmation of any match funding awarded to your project (a letter or e-mail)	
Your organisations latest set of accounts or latest bank statement	<b>N/A</b>

### 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: P Smith



Date: 13/8/25

Name (Please Print): Paul Smith