

WARWICK TOWN COUNCIL



COUNCILLORS COVID-19 CHARITY FUNDING APPLICATION

This form must be completed by the supporting Town Councillor, and submitted at the same time as the grant application form, to indicate their support of the application

Section 1: Application Details

Name of Charity	
Amount Requested	
Reason for Funding	
Application Received Date	

Section 2: Does the Application;

Improve services for under 18's or the elderly in CV34?	
Offer equal opportunities?	

Why do you feel Warwick Town Council should support this application?	
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Section 3: Previous Applications

Has the charity previously applied for funding from Warwick Town Council?	
If yes, please give details of their previous application – date of application, amount requested, project / event, was their application successful?	

I support this grant application and will attend the upcoming Committee Meeting to represent this application and answer any questions that may arise

Name of Councillor

Signature

Date