## FALMOUTH TOWN COUNCIL and FALMOUTH BID TOWN DELIVERY FUND GRANT APPLICATION FORM

## PLEASE COMPLETE **ALL** SECTIONS

Trading Name: (Please use BLOCK LETTERS)	
Address:	
Applicant Details: (name, position)	
Premise Owner:	
Permission granted: YES / NO (please circle and provide proof of permission)	
Proposal: Must relate to external shop front works only	
Total Project Cost:	Grant Requested:
If you are proposing to use a contractor, please provide details of company chosen:	
Company Name -	
Address -	

Telephone number -	
Contact Name -	
Email -	
Payment:	
Please refer to GRANT payment)	SCHEME guidelines (extract below relating to grant
works undertake 2. direct to the applied in the form of; a. copies of rece	a chosen contractor on submission of an invoice detailing the
NOTE  Before and after phofor PR and grant cor	otographs will be required and may be used impliance checking
•	er information (no more than one sheet of A4) or ider may help to support your application
Please return the comple	eted application form and other documents to:
The Responsible Financia Falmouth Town Council, The Old Post Office, The Moor. Falmouth. TR	
Telephone: 01326 3155 Email: <u>grants@falmouth</u>	
Office Use Only	
Date Received	
Decision	
Payment Date	

Additional Information (if applicable):