

LYME REGIS TOWN COUNCIL

TERM GRANT APPLICATION FORM 2025

PLEASE NOTE: Read the accompanying guidelines before completing this form

1.	Name of organisation
2.	Name of person submitting the application Position held in organisation Contact address
	Telephone no. Email Website
3.	What are the main activities of the organisation?
4.	What is funding required for?

required?
What length of time is the funding required for (funding will not normally exceed five
What length of time is the funding required for (funding will not normally exceed five years)?
How will the funding benefit the town, its residents and/or visitors?
How will the objectives and benefits of the organisation and/or project be measured?

	the organisation and/or project		
_			
).	How will you inform others the organisation has received funding f	rom the council? 	
1.	Total anticipated cost of project or annual running costs	£	
	Total anticipated cost of project or annual running costs Amount of funding sought from Lyme Regis Town Council. If funding is sought for up to five years, what is the annual sum required?	£	
	Amount of funding sought from Lyme Regis Town Council. If funding is sought for up to five years, what is the annual sum	£	
2.	Amount of funding sought from Lyme Regis Town Council. If funding is sought for up to five years, what is the annual sum required? Please tick to show you have enclosed information that covers the required information: A business plan that includes a clear understanding of the organis	£ following ation's operating	
3.	Amount of funding sought from Lyme Regis Town Council. If funding is sought for up to five years, what is the annual sum required? Please tick to show you have enclosed information that covers the required information:	£ following ation's operating	

The application Signature Name (Print) Position held Date			nust be signed		f the organisat Signature Name (Print) Position held Date		ers.	
				Notes to	applicants			
1.	your	organisati	on and/or pi	roject, wh	• •	include	re to check the or in your applic and reviewed.	•
2.			ll only be cor e relevant sup			of the co	ompleted applic	ation form
3.		ations ne.mullin	should s@lymeregisto	be owncounc	emailed il.gov.uk	to	Adrianne	Mullins
4.			ust be recei be acknowled		noon on We	ednesday	15 January	2025 . All
5.					Strategy and on 12 Februar		Committee on 2	9 January