

Nelson Community Council

Completed forms to be returned to the Clerk at clerk@nelsoncc.co.uk



APPLICATION FOR GRANT AID

Name of Organisation: _____

(to which any cheque will be made payable)

Address of Organisation: _____

**Names and Addresses
of Officers:**

Chairman:

Secretary:

Post Code:

Treasurer:

Please turn over /

(please indicate here any specific items that you may wish to acquire together with the cost of each item)

[illegible]

Please attach your most recently Audited Balance Sheet and/or Accounts

How many members/clients of your organisation are resident outside Nelson? _____

Position	Telephone
----------	-----------

Please return completed form with accounts to the Clerk
email: clerk@nelsoncc.co.uk