**MTC TOWN HALL HIRE GRANT (S145) APPLICATION FORM**

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Contact Name: |  |
| Telephone Number: |  |
| Position in Organisation |  |
| Address: |  |
| E Mail Address: |  |
| 1. Purpose for which grant is required. (Please give as much detail about the EVENT as possible and use a separate sheet ifrequired). |  |
| 2. Total Cost of the Hiring the Town Hall |  |
| 3. Amount of S145 Grant Aid applied for |  |
| 4. Who will benefit and how will they benefit from the event?Use a separate sheet if necessary. |  |
| Please give details of any other Grant Applications that have been applied for in relation to **this event.** |
| Applied to | Date of Application | Amount £ |
|  |  |  |
|  |  |  |

**DECLARATION**

1. We have read the policy for the Town Hall Hire Grant
2. We have provided a copy of the booking hire agreement/quote from AWEN Cultural Trust
3. We have provided a copy of a recent bank statement
4. We agree to provide a copy of the invoice receipt for the event
5. We agree that if the event is cancelled, the grant will be returned less any non-refundable deposits.
6. We agree to place the Maesteg Town Council logo on our marketing materials with the following statement: ‘Event supported by Maesteg Town Council’.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To submit the form, you can email clerk@maestegcouncil.org or post to the Town Council address: -

Council Offices

Talbot Street

Maesteg

CF34 9BY

Applications are required to be submitted by 12 noon on the last Tuesday of the month to be reviewed in Full Council meetings which occur on the first Tuesday of each month unless stated otherwise.

If successful, an online payment will be made on the Wednesday following the meeting of the Full Council.