



Grant Application Form

NAME OF CONTACT FOR YOUR ORGANISATION OR GROUP NAME OF CONTACT ADDRESS CONTACT NUMBER CONTACT EMAIL ADDRESS POSITION IN ORGANISATION DETAILS OF YOUR PROJECT NAME OF THE PROJECT STATE SPECIFIC PURPOSE YOU WOULD USE THE MONEY FOR TOTAL COST OF SCHEME AMOUNT REQUESTED FROM PARISH COUNCIL WHAT IS THE EXISTING FINANICAL POSITION OF YOUR ORGANISATION? LIKELY TOTAL SPEND LIKELY	DETAILS OF YOUR ORGANISATION OR GROUP		
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INCOME FROM ALL £ SOURCES THIS		£	
SOURCES THIS			
		£	

ALL FINANICAL RESERVES (including Bank & Saving Accounts)	£	
ARE YOU VAT REGISTERED?	£	
WHO ELSE FUNDS OR WILL FUND THIS		
PROJECT? THIS MAY COME AS FUNDS, SPONSORSHIPS,GIFTS ETC.		
HAVE YOU BEEN REFUSED FUNDING		
ELSEWHERE & FOR WHAT REASON?		
WHY SHOULD THE		
PARISH COUNCIL PROVIDE FUNDING FOR YOUR SCHEME & WHAT		
BENEFIT WILL THE RESIDENTS OF THE		
PARISH RECEIVE IF YOUR SCHEME IS COMPLETED?		
I/WE APPLY FOR A GRANT FROM THE PARISH COUNCIL ENTIRELY FOR THE PURPOSES STATED ABOVE. I/WE ACCEPT THE PROVISIONS OUTLINED REGARDING PROVISION OF FINANICAL INFROMATION AND POSSIBLE CLAWBACK IF THE MONEY GRANTED IS NOT USED FOR THE PURPOSE(S) SPECIFIED.		
SIGNED		
POCITION	DATE	
POSITION SIGNED	DATE	
POSITION	DATE	
Office Use Only:		
	ce and General Purposes Committee / Full Council	
APPROVE / REJECT DECISION BY FULL COU	NCIL: APPROVE / REJECT	
Date:	Reply to Applicant:	