# Application for Community Grant

|  |  |
| --- | --- |
| Name of organisation |  |
| Main purpose of organisation  |  |
| Are you a Registered Charity  | [ ] Yes [ ] No | If Yes – Charity No. |  |
| Usual meeting place and/or address of organisation  |
|  |
| Name of contact: | Mr/Mrs/Ms/Miss *(delete as appropriate)* Other:  |
|  |
| Position within organisation |  |
| Contact address for correspondence *(if different from above)* |
|  |
|  | Postcode |  |
| Contact Tel |  |
| Email address |  |
|  |
| Brief description of the project/scheme that the grant will be used for and how it will benefit the Parish (*attach any available information including brief and plans*) |
|  |
| Breakdown of all the costs for this Project (*attach any quotes)* |
|  |
| Amount of grant (max £500) | **£** | % of Total Project Cost |  |

**Please give an indication of the current balance in hand of your organisation and whether funds are earmarked for any other projects/items:**

*(It is very important that this section is fully completed. Please do not put ‘refer to accounts or balance sheet’ but state your actual balance in hand at the time of making this application and what, if anything, it is earmarked for. The Parish Council reserves the right to request a full copy of your most recent accounts and any supporting documents when considering a community grant application*):

|  |  |
| --- | --- |
| Current Balance:*(as at date of application)* | £  |
| Earmarked for other projects/items:  |

**Other organisations you are applying to or have already received grants from for this project:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation  | £ Applied For | £ Received | Likely date for decision or date received |
| *e.g. Prince Philip Trust*  | *£500*  | *£500*  | *May 2019*  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Preferred method for payment of the Grant |
| Bank Sort Code |  | Account No: |  |
| **OR** Cheque Payable to |   |

# Sign & Date

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Print Name |  |
| On behalf of |  |

***Countersignature by an adult member if the person signing above is under 18:***

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Print Name |  |

**Please note: completion of this form does not necessarily mean that a grant application will be successful in part or whole.**

The completed form should be sent to Miss Linda Roslyn, Parish Clerk:

Email – parishclerk@suttonbengerparishcouncil.gov.uk