CHESWARDINE

PARISH COUNCIL

Grant Application Form

Please read the Grants Policy before starting your application as the information contained on this form will help us process your grant application form

Contact Details

| Name of Organisation: | | | | | | | |
|------------------------------------|--|--------------------------------------------------------------------------------|--------------|--|--|--|--|
| Address of Organisation: | | | | | | | |
| | | Postcode: | | | | | |
| Name of Applicant: | | | | | | | |
| Position: | | | | | | | |
| Telephone Number: | | | | | | | |
| Email address: | | | | | | | |
| Website: | | | | | | | |
| Facebook: | | | X (Twitter): | | | | |
| About your organisation | | | | | | | |
| What type of organisation are you? | | Registered Cl Social Enterp Community I Not-for-Profit Community A | | | | | |
| Other, please state: | | | | | | | |
| What is your registered number | | | | | | | |

| Please tell us about your organisation, (in less than 200 words) | its aims and the work you undertake |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
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| | |
| Who benefits from the activities of you | r organisation? |
| (in less than 200 words) | |
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| | |
| Which other organisations do you work (in less than 200 words) | with locally to deliver and publicise your activities? |
| , | |
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| | |
| | |
| | |
| Details of Funding Requested | |
| What is your activity / project called? | |
| How will your project benefit the local of What advantages will it bring to Cheswa (in less than 200 words) | community within the Cheswardine Parish boundary? ardine? |
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| Who will benefit from the control of | the activities from your project? s) | | |
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| Project Costs and Fi | nances | | |
| How much is the overa | all cost of your activity / project? | | |
| What will funds from C | Cheswardine Parish Council be use | d to pay for? | |
| Item ** | Total Costs | Requested from Cheswardine Parish Council | |
| | £ | £ | |
| | £ | £ | |
| | £ | £ | |
| | £ | £ | |
| | £ | £ | |
| | £ | £ | |
| Grand Totals | £ | £ | |
| * Where possible, please | provide any quotes and estimates (i | deally 3) | |
| | proached for funding for this activing the secured by other fund | ty/project? ers, please write (SECURED) next to the | |
| Contribution requested from | | Total | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How many people within the Parish boundary will benefit from your project?

Declaration

I am authorised to make this application on behalf of the above organisation.

I certify that the information contained in this application is correct. If the information in the application changes, I will inform Cheswardine Parish Council as soon as possible.

I give permission for Cheswardine Parish Council to retain this information electronically. The information in this form will be used for the administration of grant applications.

I give permission for Cheswardine Parish Council to contact my organisation by phone, mail or email in relation to this grant application.

| Signed: | | Date: | | |
|-----------------------------------|--|-----------------------------|------|-----------------------------------------------------|
| Latest annual accounts □ | | Governing document | | opy of a bank statement ss than three months old |
| Policy documents (if applicable) | | Copies of written estimates | – te | |

Please send your completed application by email to:-

clerk@cheswardineparishcouncil.org.uk