

Application for grant funding from Stanwick Parish Council

Name of your organisation:

How much are you applying for?

Section A: Your contact details

What is the name of the main contact person for this application? Please include title, first name and surname:

Your role in the organisation/project:

Your address including Postcode:

Day time telephone number:

Email address:

Please give a second contact

What is the name of the second contact person for this application? Please include title, first name and surname:

Your role in the organisation/project

Your address including Postcode:

Day time telephone number:

Email address:

Section B: Your Organisation

What kind of organisation are you? Please tick as appropriate:

- a) Voluntary organisation/community group
- b) Charity (please give charity number)
- c) an individual
- d) other (please give details)

If your group has a website, please give the web address:

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Should your application be successful, please state how the cheque should be made out or provide details for a BACS payments:

Name of Account Sort Code Account number Personal or Business account
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Section C: The Purpose of Your Organisation

What are the main aims and activities of your organisation?

[illegible]

What is the main geographical area that will benefit from this grant?

[illegible]

Section D: Details of the funding you are requesting.

Please give your project name?

Please give a brief description of what want to achieve with the grant money:

What is the total cost of this project/work? £
Don't forget to include VAT if you are not able to reclaim it

What is the total amount of funding you are applying for from the Council? £

If the total cost is greater than the amount you are requesting, how will you fund the shortfall?

Give a breakdown of how you will spend the money you are requesting from Stanwick Parish Council.

What quotes or estimates have you used to work out your costs? Please attach copies to this form.

What's the finish date?

Give details of all financial support your organisation has previously received from Stanwick Parish Council, including the financial year, a description of the project and the amount awarded.

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How many people will benefit from this funding?

251-500 501+

What proportion of those benefiting are resident in Stanwick?

Declaration

I confirm that, to the best of my knowledge and belief, all replies given on this application form are true and accurate.

I have authority from my organisation to make this application.

I have read the Conditions and agree to be bound by them.

I understand that I may be required to provide further documentation prior to the grant being agreed and/or released.

I agree by signing below that the Council may process my personal information for statutory purposes, providing information relating to this grant application and corresponding with me about the organisation I am representing or its activities.

Signed:

Date:

Name:

Please complete and return this form to:

Stanwick Parish Council, 29 Hill House Gardens, Stanwick, Northants NN9 6QH

Clerk.stanwickpc@outlook.com

If you have any questions about completing the application form or require any assistance, please contact the parish clerk by

Email: clerk.stanwickpc@outlook.com

Tel: 01933 625616

For council use:

Amount of grant awarded.....

Date.....Minute reference.....

Power used.....

Cheque/payment issued.....