

## Childs Ercall Parish Council.

## **Grant Application Form**

4 Applicant contact details		
1 Applicant contact details	I	
Name of organisation		
requesting a grant Contact name		
Position within organisation		
Contact address		
Contact address		
Daytime telephone number		
Email address		
Website address (if any)		
Payee for grant cheque		
purposes/Bank Details		
2 About your organisation		
Is the organisation a registered of	harity?	Yes / No
	-	(please delete as relevant)
If yes, please provide the charity	number	
Does the organisation have a wr	itten	Yes / No
constitution or a set of rules?		(please delete as relevant)
If yes, please attach a copy		
Is your organisation a new initiati	ive?	Yes / No
		Yes / No (please delete as relevant)
If yes, please submit a copy of ye	our	
If yes, please submit a copy of your business or project plan and you	our r budget	(please delete as relevant)
If yes, please submit a copy of your business or project plan and you	our r budget	
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If yes, please submit a copy of your business or project plan and you	our r budget	(please delete as relevant)

3 Project	details		
Project title			
	de a description of v	□ our project, explaining what the grant funding wil	l be used for
i loddo provi	as a accomplicit of yo	our project, explaining what the grant fulfully will	. 23 4334 101
	ect be equally	Yes / No	
accessible to			
	give details of any hat may apply		
1 630 1000 113 1	παι παγ αρριγ		
4 Financ	ial details		
	uested from the		
Parish Coun	cil		
Has your ord	ganisation received	Yes / No	
	ganisation received grants from the	(please delete as relevant)	
Parish Coun		(January 1977)	
	e provide details		
below	<b>D</b>		T-4-14
Year	Purpose		Total amount (£)
			(~)
Please provi	∟ de a breakdown of e	l stimated costs for your project below and attach	copies of any
	nay have obtained	Joan project bolon and attach	
	of estimated costs		Amounts (£)
		Total	

Is your organisation VAT registered?	Yes / No (please de	lete as relevant)	
By what date does your organisation request the funding?			
Has your organisation sought income from other sources (eg fundraising, other grants)	Yes / No (please de	lete as relevant)	
If yes, please provide details below			
Alternative funding sources		Amount (£)	Funding confirmed
5 Supporting evidence			
A range of supporting information helps the Please therefore enclose a copy of at least			application in detail.
Latest available Statement of Accounts and amount of any reserves.		osed: Yes / No se delete as releva	ant)

## 6 Declaration

"To the best of my knowledge, I believe that the information given both within this form and in the supporting material provided is correct. I understand that, if successful, I will be required to adhere to the policies and procedures as outlined in Childs Ercall Parish Council's Grant Awarding Policy document, and to any monitoring arrangements that may be specified by the Parish Council at the time the grant is awarded.

In making this application I declare that the organisation to which the application relates subscribes to the principles of equal opportunities in all of its activities and is operated on a not-for-profit basis."

Signed	
Name (please print)	
Position within	
organisation	
Date	

If you require assistance in completing the application form or submitting the supporting information please contact the Parish Clerk by email: cepcclerk@gmail.com

An application form and a copy of the Parish Council's grant awarding policy document are available in digital format on request.

Please return your completed application form and any enclosures to the address below: Parish Clerk: 4 Manor Green, Childs Ercall, Shropshire, TF92EA

**Date Policy Adopted:** 

Minute Ref:

Date of Policy Review: