**Grant Application Form**

**Please complete all the boxes that are applicable to your organisation**

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| **1. Name of your Project** |  | **2. Date** |  |

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| --- | --- | --- | --- |
| **3. Contact name** |  | **4. Email** |  |
| **5. Name of organisation** |  | **6. Tel** |  |
| **7. Address** |  | | |
| **8. Website** |  | **9. Charity No** |  |
| **10. Social media addresses** |  | | |

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| **11. Application Checklist** Please refer to *Annex A* of the Grants Policy. Each box below is prefilled with the answer we require. If you have any doubts about eligibility please ask the clerk for advice. | | | | | | |
| **YES** to all the items in Part A | | AGREE | | NO to all the items listed Part B | | AGREE |
| **12. Supporting Documents** Please provide the following information to the clerk. (Web links are acceptable.) To understand why we need this information please read the policy. | | | | | | |
| Copy of your constitution / rules | Your latest audited annual accounts | | Most recent bank statement (Please redact any names) | | Information about other applications for this project with other funders. | |

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| **13. How much grant money are you requesting?**  Please list your expenses and then say how much you are asking for. |
| |  |  |  |  | | --- | --- | --- | --- | | Item | Cost (before VAT) | VAT | Total | |  |  |  |  | |  |  |  |  | |  |  |  |  | | TOTAL Cost |  |  |  | | Parish Council grant requested £ |  | | | | Amount we are funding ourselves £ |  | | | |

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| **14. How are you raising the rest of the money needed?** For example, from reserves or fundraising |
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| **15. How LONG TERM do you think the benefit of your project will be?** Put YES in the box that best fits | | | | |
| Less than 1 year | 1-2 years | 3-5 years | 5-10 years | Longer (please say) |

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| **16. How many Curry Rivel residents do you estimate this will benefit?** | | | |  | |
| **17. This application is beneficial for? (tick, or write YES, in all that apply)** | | | | | |  |
| Young people | Older people | Heritage | Sport | | Health / Wellbeing |
| Art/ culture | Disability | Environment | Education | | Recreation |
| Other (please explain) | | | | | |

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| **18. Project outcome:** How will you measure the success of your project? |
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| **19. Value for money:** Parish council spending must be ‘value for money’. How is your project good value? |
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| **20. When do you need the funding?** Please let us know if there is a specific timescale for your project, |
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| **21. Something else to tell us?** You may include more information on separate sheet or include copies of other information you think would be helpful. |

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| **Please send your application to the parish clerk** (Keep a copy for your own records)   * By completing this form, you agree that you have been asked to act on behalf of the organisation(s) listed. * Applications are seen by parish councillors and may be seen by the public (under a Freedom of Information request so please avoid including any confidential information). |