## Ingoldbsy Parish Council GRANT APPLICATION FORM

Please complete **all sections** of this form clearly using black ink. (This is so that details will still be readable if the form is photocopied)

Α.	YOUR DETAILS			
1.	Name of organisation in full			
2.	Name and address of person making the application (to whom all correspondence will be sent)			
3.	Daytime telephone number			
4.	E-mail address			
5.	Organisation name cheques should be made payable to			
В.	YOUR ORGANISATION			
6.	Registered charity number (where applicable)			
7.				
<b>/·</b>	Year organisation established			
8.	What does your organisation do? Please give aims and objectives. If you have a constitution, please attach this,			
	together with any other publicity information you consider appropriate			
9.	What area is served by your organisation?			
10				
10.	What is the total membership of your arganisation?			
11	What is the total membership of your organisation?			
11.	How many members live in the Parish			

12.	Please give the names and addresses of the officers of your organisation				
	Chairman				
	_				
	Treasurer				
	Secretary				
13.	Please provide a set of your organisation's latest <b>accounts</b> , together with details of income and expenditure for the current year. If a large reserve and/or surplus is indicated in your latest annual accounts please explain why you are applying for additional funds.				
C.	GRANT REQUEST / LOAN REQUEST (please specify)				
14.	How much grant/loan are you asking for?				
	(remember 50% to a maximum £300)				
15.	What is the total cost of the project?				
16.	What will you use the grant for? (see notes regarding what the grant can be for)				
10.	what will you use the grant for: (see notes regarding what the grant can be for)				
17.	How many people in the Parish area do you estimate will be benefit from the grant?				

ource:		Amount	Success
What f	und raising efforts will your organisation be ma	aking?	
Please	indicate the age range of the beneficiaries of a	any award e g young children/	
	/ adult / senior citizens	my awara, e.g. young cimaren,	
	Age Range	Yes/	
	Under 5 years	Yes/	
	5 – 16 years	Yes/	No
	16 – 25 years	Yes/	No
	25 – 65 years	Yes/	No
	65 +	Yes/	No
	All of the above	Yes/	No
nisatio	use the space below to include a <b>Statement</b> in on meets the 'eligibility criteria' set out in the in MENT IN SUPPORT OF GRANT REQUEST		

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I certify that the above information and the contents of the attached documents are correct at the time of applying.
I understand that if any of the information is subsequently found to be incorrect this may lead to the organisation
being disqualified from consideration and/or the withdrawal of any grant awarded. I agree to my organisation being
bound by the eligibility criteria and any conditions set by the Parish Council.

Signed	Dated
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If successful the Parish Council will expect to be included in any publicity and its contribution noted. There will also be conditions attached to any grant awarded covering how to repay the grant should it not be used as per the application form, or if the event is cancelled. Acceptance of any funds will be deemed to be agreement of conditions attached.