# SPC- Grant Application Form

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| 1 | Applicant’s details | Name:Name of organisation (if applicable): |
| Address:Postcode: |
| Telephone number:Email: |
| 2 | Please describe your organisation and project (if applicable) |
|  |  |
| 3 | If your application is for a specific project, please provide estimated cost of project and supporting evidence: |
|  |  |
| 4 | Amount of grant requested: |  |
| 5 | How does your organisation/project meet the objectives of Slaley Parish Council?  |
| 6 | Who will benefit from your organisation/project? Please give details of who will benefit from the grant and how it will benefit the residents of Slaley Parish |
| 7a | Have you previously applied to the Parish Council for grant aid? | YES/NO |
| 7b | Have you received a grant from the Parish Council in the last two years? | YES/NO |
| 7c | If yes, please provide details |
| 8a | Have any grants from alternative sources been applied for?  | YES/NO |
| 8b | If yes, please give details.  |
| 9 | Please state any further information in support of your application |
|  | Successful grants will be paid by Bank transfer.  |
| 10 | Please clearly state your bank details. | Name of bank:Name on the account:Sort Code:Bank Acc. Number: |

The applicant confirms that they have read the Parish Council’s grant policy and that all grants are at the sole discretion of the Council and that grants may be awarded subject to conditions.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of signatory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of (name of applicant organisation, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Documents enclosed with this application:*

Evidence of proposed expenditure and costing Yes/No

Evidence of other grants obtained for the above purpose Yes/No

Proof of bank account Yes/No

Other documents submitted – please detail below.