

Stisted Parish Council

GRANT APPLICATION FORM

Please read the policy and guidelines before completing this form. Please use black ink and block capitals, continue on a blank sheet if necessary, and ensure the name of your organisation is included on any additional sheets.

Your Organisation

Name of Organisation:

Address:.....

.....

.....Post Code:

[NB: Any payment made will be by cheque and in the name of the organisation detailed above so please ensure this matches your bank account name]

Description of your organisation's activities. Please list your aims and objectives.

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How long has the organisation been in existence?

Contact Details

Name of contact:

Position:

Address for correspondence (if different from above):

.....

.....

.....Post Code:

Tel:.....(daytime)(mobile)

Email:

The Application

a) Brief description of project or scheme for which grant is intended

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b) Who will benefit from the proposed project or scheme and how many of these are Stisted residents?

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c) Total cost of project or scheme: £..... d) How much are you applying for? £..... **(Max £200)**

Please give an itemised breakdown of the expenditure for which this money which is being applied for. Please include evidence (e.g.. suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.

ITEM	COST £
TOTAL	

d) Have you made any grant application to any other body for grant aid for this project? Yes/No. If yes please give details:

Name of organisation applied to	Amount applied for	Date of Application	Amount Received

If you have received any other sources of funding in the past year, not specified above, please give details:

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Previous Applications

Has your organisation previously applied for a grant from Stisted Parish Council? If YES, please give details of the project and the date and amount of grant received if any. Was the project as described completed?

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Additional Information

Are there any other comments you wish to make to support this application? Please give this information below, or attach a separate sheet:

If the request is in excess of the £200 maximum, applicants may be asked to provide audited accounts or accounts that have been independently examined by a suitably qualified person for the last two financial years. *Any grant above £200 will be at the discretion of the Parish Council.*

If the request is on behalf of a newly formed organisation you may be required to submit current bank statements and a detailed budget and business plan.

If the request is for “start-up” funding the application must be accompanied by a detailed business plan that shows whether other funding will be available and predictions for the next two years.

If you are unable to supply this information, please contact the Parish Clerk for advice before submitting this application.

Signed:

Date:

Position:

All completed applications and any queries, should be addressed to the Parish Clerk, Mrs Melanie Whiteside at Stisted Parish Council, 19 Elm Walk, Rayne, Braintree, Essex CM77 6ES or by email on stistedparishcouncil@yahoo.co.uk

DEADLINE FOR RECEIPT OF APPLICATIONS: 30th NOVEMBER

Applications will be considered by the Parish Council at the December meeting with applicants being advised of the outcome by 31st December. Grant payments will be made by the end of March the following year and sent to the named contact above.

FOR OFFICE USE ONLY			
Date received:			
Meeting date:		Grant awarded:	
Minute number		Amount:	