

Tankersley Parish Council

GRANT APPLICATION

Before completing this form please read "Rules Governing Grant Aid".

NAME OF ORGANISATION/GROUP : _____

NAME AND ADDRESS OF CONTACT : _____

TELEPHONE NUMBER : DAY _____ EVENING _____

BRIEF DETAILS OF THE PROJECT FOR WHICH A GRANT IS REQUIRED:

TOTAL COST OF PROJECT : £ _____

AMOUNT SOUGHT FROM PARISH COUNCIL : £ _____

HAVE YOU APPLIED FOR ANY OTHER GRANTS FOR THIS PROJECT? YES/NO

IF YES GIVE DETAILS :

NAME OF BODY _____ AMOUNT : £ _____

NAME OF BODY _____ AMOUNT : £ _____

NAME OF BODY _____ AMOUNT : £ _____

HAVE ANY OF THESE CONFIRMED THAT GRANT IS BEING GIVEN? YES/NO

IF YES GIVE DETAILS : _____

PLEASE EXPLAIN WHY YOU BELIEVE THAT YOUR PROJECT SHOULD BE SUPPORTED BY THE PARISH COUNCIL (EG: HOW IT WILL BENEFIT THE COMMUNITY, PROVIDE A FACILITY, IMPROVE THE LOCALITY ETC.)

I CONFIRM THAT _____ (Name of Organisation/Group) HAVE READ THE RULES GOVERNING GRANT AID AND HAVE AGREED TO COMPLY WITH THEM SHOULD A GRANT BE GIVEN.

NAME : _____ SIGNATURE : _____

POSITION IN ORGANISATION/GROUP : _____ DATE : _____