COALEY PARISH COUNCIL

Grant Application Form

**Clerk:** Lynn Thornton

**Address:** Mill House, Stancombe, Dursley GL11 6AY

**Telephone:** 01453 545880 **Email:** clerk@coaleypc.org.uk

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| --- | --- |
| Please indicate what type of funding you are seeking |  |
| Revenue Grant*, payable in the year following application, for running costs* |   |
| Small Grant *payable in the same year as the application, for small projects* |   |
| Urgent request for funding *- initially considered by Council upon receipt* |   |
| Name of Group / Organisation: |
| Main Contact Name: |
| Contact Address: |
| Daytime phone number of contact: |
| Contact e-mail address: |
| Are you a newly formed group? (*less than 1 year*) | **Yes No**  |
| How long has your group been operating? |   |
| Do you have a voluntary management committee / steering group? | **Yes No**  |
| Are you a registered charity? If yes, please include your charity number | **Yes No**  |
| Charity Number  |
| Does your group have a formal constitution? | **Yes No**  |
|  |  |
|  |  |
| Does your group have an equal opportunities policy / statement? | Yes No  |
| Does your group have an annual record of accounts? | Yes No |
| *Please attach a copy of your most recent accounts or latest bank statement and balance sheet to your application* |
| Have you applied for a grant from Coaley Parish Council before? | Yes No |
| Please describe your group’s main activities: |  |
|  |
| **£**How much are you applying for?  |
| When would you require payment?   |
| What is the grant for? How will Coaley benefit from it?  |
|  |
| Do you have any other sources of funding | Yes No  |
| If yes please provide details: |  |
|  |
| Please provide a full breakdown of the project costs and how they will be funded: |
| Item | Cost (£) | Funded from |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total project cost  |  |  |
| *Please continue on a separate sheet if necessary* |  |  |
| If your application is successful, the Parish Clerk will contact you to arrange payment, please provide the sort code and account number for the bank account you would like payment made to: |
|  |  |
| Account name: |  |
| Sort code: |  |
| Account number: |  |
| Please read the following important terms and conditions carefully. By signing this form, you are confirming that:* You are an official representative of your group and are authorised to apply for funding on their behalf.
* **Only Grants (except for Urgent Grants) received between 1st January and 28th February will be considered. In future years grant applications should be made between 1st April – 31st August**
* Your details will be held by Coaley Parish Council in accordance with the Data Protection Act to administer the grants process.
* You have read and understood the council’s Grant Policy, available on the Council’s website: [www.coaleypc.org.uk](http://www.coaleypc.org.uk)
* The information provided in this application is a fair and accurate description of your group and the project for which you are seeking funding. Misleading or inaccurate information may result in your application being rejected. Late application or failure to complete any section of the application form may result in your application being delayed or rejected.
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| **Signed on behalf of applicant: Date:** |