



GRANT AWARDING POLICY

APPLICATION FORM

NAME OF ORGANISATION _____

ADDRESS _____

CONTACT NAME _____

POSITION IN ORGANISATION _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

IS THE ORGANISATION A REGISTERED CHARITY YES / NO

AMOUNT OF GRANT REQUESTED £_____

FOR WHAT PURPOSE IS THE GRANT REQUESTED

WHAT IS THE TOTAL COST OF THE PROJECT? £_____

IF THE TOTAL COST IS MORE THAN THE GRANT REQUESTED, HOW WILL THE RESIDUE BE FINANCED?

HAVE YOU APPLIED FOR OR BEEN AWARDED A GRANT FOR THIS PROJECT FROM ANOTHER ORGANISATION?

IF SO, WHICH ORGANISATION AND HOW MUCH?

WHO WILL BENEFIT FROM THE PROJECT?

APPROXIMATELY HOW MANY OF THOSE WHO WILL BENEFIT ARE PARISHIONERS?

Please continue on a separate piece of paper if necessary.

Signed _____ Date _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

1. Copy of your organisations constitution.
2. Copy of your latest set of annual accounts showing income, expenditure and balances. If annual accounts are not prepared copies of bank statements of the previous six months must be supplied.

PLEASE SEND COMPLETED APPLICATION FORMS AND DOCUMENTS TO:

Clerk to Great Missenden Parish Council
Parish Office, Memorial Centre
Buryfield
Link Road
Great Missenden
Bucks HP16 9AE

01494 864792
clerk@greatmissendenpc.co.uk