ELLISFIELD PARISH COUNCIL

APPLICATION FOR GRANT - ORGANISATION/GROUP ONLY

[The Council regret that they are unable to consider grants or sponsorships for individual persons]

Email:		
POST CODE		
4. Telephone No.		
6. Position/Title of nominated contact.		
objectives.		
9. If "YES" how many ELLISFIELD residents benefit on a regular basis from your organisation?		
pecify the geographical areas that you provide for and your Charity or organisation.		
D, how many ELLISFIELD residents do ovide? <i>Please enter in the box on the</i>		
es? [e.g. B&DBC, Hampshire CC etc] Please specify		

13. How many UNPAID VOLUNTEERS do you have?		14. How ma FULL TIME staff?			15. How TIME PA	many PART- I D staff	
16. Have you ever received a grant from Ellisfield Parish Council at any time in the past?		YES/NO	17. If "YES", please enter month, year & amount:				iount:
			DATE when grant awarded?				
			AMOUI	NT awarded	d?	£	

PART 2. - ABOUT YOUR GRANT APPLICATION

18. What GRANT SUM are you applying for to ELLISFIELD PARISH COUNCIL? Please enter the amount applied for IN FIGURES, in the box on the right >

£

19. Please provide your bank account number and sort code >

20. Is your organisation registered for VAT? i.e. Can you claim input tax/VAT? >

21. Would you please specify what the grant would be used for? [e.g. Capital project, Running costs, etc]

22. If the grant is towards a PROJECT DEVELOPMENT, do you require formal planning consent?

23. If the grant is to be used for a PROJECT, when do you expect to start and finish?

Start date?

Finish Date?

24. Please give any additional information that you feel is relevant, or will support the grant application. *e.g. Any fund raising events undertaken by your organisation, & any amounts raised. [other than grant applications]. Please use additional sheet if necessary*

25. Have you made any grant application to any other body for grant aid for this project? Yes/No.

If yes please give details (if necessary please continue on a separate sheet)::

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 (if necessary please continue on a separate sheet):

 PLEASE NOTE: If your grant application is successful, whether in whole or in part, it would be conditional upon you [i.e. your organisation] acknowledging ELLISFIELD PARISH COUNCIL in your Annual Report, or in any other publication [Newsletter, magazine, etc] relevant to your organisation. In signing this grant application, you agree to be bound by this condition.

Signed:		Dated:
Accomp	panying Documents	
	Annual Accounts/ 6 Months Bank Statemen	ts
	Latest AGM Minutes	
	Constitution	
	Additional Documentation Please specify	

FOR OFFICE USE ONLY :	
Date received:	
Grant awarded: Yes/No	
Under section	
Conditions applied to Grant Yes/No	