

## GRANT APPLICATION FORM

Please complete this form as fully as you can. If you have any questions or are unsure about any aspect of it, then do not hesitate to contact [clerk@littlemissendenpc.co.uk](mailto:clerk@littlemissendenpc.co.uk)

We will need to see your most up to date accounts and /or bank statements showing the financial position of your group, including any reserves held. If you are a new group, you will need to show that you have opened a bank account in the name of your organisation. Please note: we cannot process any application without this information

We will also need to know how you have spent any grant awarded to you within a year of receipt.

NAME OF ORGANISATION:

Contact Name:

Contact Address and Telephone Number:

Contact email address:

Is your organisation a registered charity? (Yes/ No)

If yes please provide charity number:

If no, describe the type of organisation (e.g. Community group, youth organisation etc.):

How many people are involved in running your group?

Where, when and how frequently does your organisation meet:

How long has your organisation been running:

What are the main aims and objectives of your organisation:

Amount Applied For:

Purpose of Grant:

Please explain exactly how the grant money would be spent:

Date of planned event/activity, if applicable:

How will this project/initiative benefit the residents of Little Missenden Parish Council:

(N.B: It is important to show how your organisation brings benefit to local people)

Please give details of any other grants awarded or applied for:

Financial Details of your organisation

Bank Name:

Sort Code:

Account No:

Does your organisation have any reserves? Yes/No

If yes how much:

Are you requesting part or total funding for your project:

Other information in support of your application (please continues on a separate sheet if necessary)

Declaration:

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Please tick the above box to confirm that you are authorised to submit this application on behalf of your organisation, that the information given is true and that any additional documentation submitted is accurate and adopted or approved by your organisation.

In signing this form, you give permission for the content to be held in accordance with the Parish Council's Privacy Policy.

Date:

Name:

Signed:

When completed, please return this form with copies of your accounts and any other supporting documentation to:

[clerk@littlemissendenpc.co.uk](mailto:clerk@littlemissendenpc.co.uk)