**COLEBROOKE PARISH COUNCIL**

APPLICATION FOR GRANT

|  |  |
| --- | --- |
| Name of Organisation |  |
| Name of Contact |  |
| Address of Contact includingpost code. |  |
| Phone Number. |  |
| Email Address. |  |
| Project Name. |  |
| Project Description. |  |
| Amount of Grant requested |  |
| Describe what the moneywill be spent on. |  |
| How will the project benefit the community of Kenn? |  |
| Please state how you consider you meet the conditions of the Council’s grant aid policy. |  |
| Where else have you applied for funding? |  |
| Element of self- help provided by members of the organisation |  |

* Copy of last prepared set of accounts may be required and should be attached.

Signed…………………………………………Print Name……………………………………………………………..

Date………………………………Office held in Organisation…………………………………………………..

If successful, Bank Account no:……………………………Sort code...........................

Return form and accounts by email to Penny Clapham, clerk/RFO - clerk@colebrookeparishcouncil.org.uk

Office Use: Date Recd……………………. Approved: Yes/No Date Approved……………………

Minute No:…………………….Transfer date:………………………..Signed……………………………………...