SHORNE PARISH COUNCIL
GRANT APPLICATION FORM

Please read the attached guidelines before completing this form. Please use black ink and block capitals. You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets.

1. Your organisation

Please give us the following information about your organisation:

Name of Organisation:

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Address:……..……..……

……..……

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…….Post Code:

E-mail address:

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How long has your organisation been in existence?

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How many members/volunteers are there in your organisation? ☐

How many of these members/volunteers live within the parish of Shorne? ☐

Is the organisation a Registered Charity? Yes/No

If so, please give the Charity Number:

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Please give a description of your organisation's activities.

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How does the community of Shorne benefit from your organisation's activities?

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Approximately how many people benefit from these activities? ☐

Approximately how many of these people reside in Shorne? ☐

2. Your Contact Details

Name of contact:
……..……
Position:
……..……

Address for correspondence (if different from above):
……
..……..……
……
……Post Code:

Tel:……..…..

Email:
…..……..……

3. Your Application

Brief description of project or scheme for which the grant is intended
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What is the amount of the grant you are requesting? £……..

Is the grant required for a specific purchase or project? Yes/No

What is the total cost of the project or scheme? £……..

Please give an itemised breakdown of the expenditure for which this money which is being applied for. Please include evidence (e.g. suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.

Item	Cost £

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

If yes please give details:

Name of organisation	Amount applied for	Date of Application	Amount Received

4. Benefits to the Community

Please explain how the community of Shorne would benefit from this scheme or project.

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5. Additional Information

Are there any other comments you wish to make to support this application? Please give this information below, or attach a separate sheet:

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6. Your Financial Situation

All applications must be accompanied by the following financial information: **If you do not supply this information your application will not be considered unless previously agreed with the Parish Council.**

- A copy of your latest approved statement of income and expenditure or other financial report which indicates your financial position, or
- Photocopy of bank statements covering the past six months

If you are unable to supply this information, please contact the Parish Clerk for advice before submitting this application.

I have read and noted the Parish Council rules relating to this application and agree to provide a report including photographs as appropriate for publicity purposes.

Signed **Date:**

Please return to:
The Clerk, Shorne Parish Council, c/o Shorne Village Hall, The Street, Shorne, Gravesend, DA12 3EA

Or by email to:
clerk@shorneparishcouncil.org Tel: 01474 526332