

Linkinhorne Parish Council
Grant Aid Application

Please read the attached grant awarding policy before filling in this form.

Name of organisation

Name and address of main contact

.....

Phone E-mail

1 What is the general aim of your organisation?

.....

.....

.....

If your organisation is a charity please give the registration number

.....

2 How much money are you applying for?.....

If the amount exceeds £100 please complete a) and b) below; if less than £100 please continue at 3:

a) How much money have you managed to raise so far for this project?

.....

b) Are you applying for funding from elsewhere? If so, who from and how much?

.....

3 Please state how you would spend the grant

.....

.....

.....

4 How will residents of Linkinhorne Parish benefit from the grant?

.....
.....
.....
.....

5 How will you measure the success of your project?

.....
.....
.....
.....

I confirm that the information given on this form is correct

Signed Print name

Date Position in organisation

If your application is successful, to whom should the cheque be made payable? (name on your organisation's bank account)

.....