



Fretherne with Saul Parish Council
1 French Burr Place, Gloucester GL1 5PH
fwsparrishclerk@gmail.com
Tel 01452 247040 mobile 07775 935739

APPLICATION FOR GRANT FUNDING

Notes

1. Applications for consideration in any financial year (which runs from 1 April), should ideally be submitted to the Parish Council by the beginning of October – please refer to the Grants policy for exact dates.
2. Please answer all questions fully or insert N/A if applicable.
3. Please enclose the latest set of accounts, or if not available, say why.
4. Continue on separate sheets if necessary
5. Sign and date these application forms.
6. This grant form should be completed after reading the grants policy.

1 Details of applicant

Name.....

Office held.....

Organisation.....

Address.....

.....

Phone..... E mail.....

2 Description of organisation

Primary purpose.....

Number of members.....

Those who will benefit from the project for which funding is sought.....

.....

.....

3 Details of the project – please use additional sheet if needed



4 All sources of funding (including the applicant's own funds) (please indicate if funds have been firmly committed)

Please demonstrate that you have strived to obtain 3 quotes and provide evidence of this.

Source	Amount	Grant or Loan	Firm Commitment

Total cost of project	£
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5 Ongoing running costs If the project will have continuing costs in the future please indicate how these are to be funded

6 If assets are to be purchased, please indicate who will own them

7 Amount requested from Fretherne with Saul Parish Council

£.....

8 Date by which funds would be required

9 To whom should the payment be made and where should it be sent?

Payable to.....

Send to.....

Or Bank information for BACS payment:

Bank account name:.....



Sort Code:

Account Number:.....

10 Account

Audited* / unaudited* accounts for the year to/...../20.....,

are enclosed* / not available* (give reason) / already in your possession*

* delete as appropriate

11 Declarations

On behalf of the applicant I confirm that to the best of my knowledge the information supplied in this application is correct. I undertake to advise any material change of circumstance to either the applicant or the project, and understand that funds will normally only be released against sight by the Parish Council of the relevant invoice(s)

...../...../20.....

Signed by or on behalf of applicant Date

Please send completed form to:

Parish Clerk to Fretherne with Saul Parish Council,

1 French Burr Place, Gloucester GL1 5PH

Tel: 07775 935739 or fwsparishclerk@gmail.com

This space for use by Fretherne with Saul Parish Council

Date application received.....

Recommendation to full Council.....

Full Council decision..... Minute no..... Date.....

Decision conveyed to applicant.....