**CAWTHORNE PARISH COUNCIL**

GRANT APPLICATION FORM

|  |  |
| --- | --- |
| Name of organisation |  |
| Registered charity/charity number | No / Yes, number |
| Name on Bank account (for issuing of cheque should grant be awarded) |  |
| Contact Name |  |
| Position in the Group |  |
| Contact address |  |
| Contact phone number |  |
| Contact email address |  |
| Amount of grant requested | £ |
| A short description of what the grant is for |  |
| Who will benefit from this project? |  |
| Approximately how many of those who will benefit are residents of Cawthorne? |  |
| Total cost of project |  |
| If the total cost of the project is more than the grant how will the rest be financed? |  |
| Have you applied to any other body for the same project? If yes, please give details |  |

Please use a separate sheet of paper to submit any other information which you feel will support this application Attached: Yes / No

Signed ……………………………….............................................. Date ……………………….