

## **Cranbrook and Sissinghurst Parish Council**

## **Grant Application Form**

Please complete the form in black ink and capital letters.

Please CC	implete the form in black link and capital letter	5.		
Details of Organisation:				
1.	Name of organisation:			
2.	Address for correspondence:			
3.	Contact name:			
	Position:			
4.	Telephone number:			
	Email:			
5.	Is the organisation a Registered Charity?			
	(If so, please provide charity number)			
6.	Summary of aims and objectives:			
7.	Total membership of the organisation:			
	Number resident in Cranbrook & Sissinghurst (if known):			
Dotails	of Grant applied for:			
8.	of Grant applied for: What would the grant be used for?			
0.	What would the grant be used for:			

9.	How would it benefit Cranbrook & Sissinghurst Parish?					
10.	Total cost of project?					
	Please provide estimates/costings to support the application.					
11.	Total amount requested?					
12.	Date funding is required (this must be more than three months from the date of this application)					
13.	Funds available from the organisation's own resources for this project.					
14.	Details of other organisations you have applied to for funding.					
Bank A	Bank Account Details if your application is successful:					
15.	Bank:					
	Sort Code:	Account No.:				
16.	Number of people expected to benefit from the grant:  Adults:					
		Children:				
		Cimarcii.				
<b>Declara</b> We con	ation:  Ifirm we are authorised to make this appli	cation on behalf of the c	organisation named.			
We agr	ee to provide any further information that	the Council may reason	nably require to assist			
_	We agree to provide any further information that the Council may reasonably require to assist in making its decision.					
We undertake on behalf of the organisation that any financial assistance offered will only be						
used for the purpose for which it has been granted and will be returned to the Parish Council if						
it is not required for that purpose.						
We understand that any false declaration or information may disqualify any further application.						
Chairpe	rson (print name):	Treasurer/Secretary (prir	nt name):			
Signed:		Signed:				
Date:		Date:				
For and on behalf of (state organisation):						

Check List Please tick the boxes to confirm that you have dealt with each item.	
Grant Awarding Policy read	
2. All sections completed in full	
3. Declaration and all proper signatures obtained	
4. Relevant financial information/business case attached	

If you require assistance in completing the application form or submitting the supporting information, please contact the Parish Clerk on 01580 713112:

Return this form and attachments to:

The Old Fire Station, Stone Street, Cranbrook, KENT, TN17 3HF or Email: <a href="mailto:clerk@cranbrookandsissinghurstpc.co.uk">clerk@cranbrookandsissinghurstpc.co.uk</a>

FOR OFFICE USE ONLY
Date of Decision:
Minute Ref: