

**DODDINGHURST PARISH COUNCIL**

**GRANT APPLICATION FORM**

Doddinghurst Parish Council supports local community work and wishes to help, support and promote local groups, projects and activities. Funding is available to help groups working for the benefit of Doddinghurst residents.

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|  | **SECTION 1 – ABOUT THE APPLICANT** |  |
| 1 | Name of Applicant/Organisation |  |
| 2 | Applicant’s contact detailsNameAddressTel. No.Email |  |
| 3 | Summary of Aims & Objectives of Applicant/Organisation |  |
| 4 | What is the nature of your organisation? If you are a Registered Charity please give registration number |  |
| 5 | Is the Organisation non-profit making? |  |
| 6.  | Number of members in the OrganisationNumber of members resident in Doddinghurst |  |
| 7 | Have you previously applied to the Parish Council for grant funding? If so give details. |  |
|  | **SECTION 2 – THE PROJECT** |  |
| 8 | Purpose for which the grant is requiredPlease give full details, including how your organisation will benefit |  |
| 9 | How will Doddinghurst residents benefit? |  |
| 10 | Project timeline |  |
|  | **PREVIOUS APPLICATIONS** |  |
| 11 | Give details of all grant applications made by your organisation to Doddinghurst Parish Council, whether successful or not. |  |
|  | **FUNDING REQUIREMENT** **(To show how much is self-funded)** |  |
| 12 | Total cost of project. Please attach a budget breakdown for this cost |  |
| 13 | Amount of grant requested |  |
| 14 | Have you applied to other sources for funding? If so which ones? |  |
|  | **CONTACT DETAILS** |  |
| 15 | Name of person making this application |  |
| 16 | Address for correspondenceInc. tel & email |  |
| 17 | **DECLARATION**I confirm that I am authorised to make this application on behalf of the organisation above. I certify that the information provided is correct.I undertake on behalf of the organisation that any financial assistance offered will only be used for the purpose for which it was granted and will be returned to the Parish Council if it is not required for that purpose. |
|  | Signed | Date |
|  | Name | Capacity in which signed |
| 18 | If your application is successful, please indicate the organisation to which payment should be madeBank account and sort code for BACS payment | Organisation nameAccount No:Sort Code: |
| 19 | Please return the application form with supporting documents to:The Parish ClerkDoddinghurst Parish CouncilAdj. Village HallChurch LaneDoddinghurst CM15 0NJEmail: clerk@doddinghurst-pc.gov.uk  |