



APPLICATION FOR GRANT FUNDING

Notes to the application form:

- Please read the guidance notes BEFORE completing this form.
- If you require assistance completing any aspect of this form or wish to discuss your eligibility please contact the Parish Clerk on 07791 313060
- Please complete the form clearly and fully in BLACK ink and BLOCK CAPITALS
- You are advised to keep a copy of the completed form.
- After completing the form please send it to the above address.

Name of Organisation	
Contact Name	
Position	
Address	Postcode:
Daytime Contact No.	
Email	

PLEASE COMPLETE ALL QUESTIONS ON THE FORM

Q1. How would you describe your organisation? *(Tick all that apply)*

- | | | |
|--|--------------------------|--|
| a) Voluntary Organisation | <input type="checkbox"/> | |
| b) Community / Residents' Group | <input type="checkbox"/> | |
| c) Registered Charity (Provide charity number) | <input type="checkbox"/> | |
| d) Company limited by guarantee (provide charity number) | <input type="checkbox"/> | |
| e) Trust | <input type="checkbox"/> | |
| f) Other, please state | <input type="checkbox"/> | |

Q2. Does your group have membership?

Yes No

If yes, please give:

- | | |
|------------------------------|--|
| a) Current number of members | |
| b) Annual subscription | |

Please give details of any organisation to which you group is affiliated.

Q3. Does your organisation have, please provide copies;

a) A formal constitution? Yes No



- | | | |
|--|-----|----|
| b) A Child Protection policy <i>(if applicable)?</i> | Yes | No |
| c) A protocol for working with vulnerable adults <i>(if applicable)?</i> | Yes | No |
| d) Public Liability Insurance? | Yes | No |
| e) A Disability Audit if premises if applicable? <i>(see guidance notes)</i> | Yes | No |
| f) A Risk Assessment? | Yes | No |

Q4. What is the aim of your organisation?

Q5. How much financial assistance are you seeking from the Parish Council?

£ _____

Q6. If possible please provide a breakdown of how you intend to spend any grant awarded.

Items of Expenditure	Approx. Cost

Q7. How would the residents of Cannock Wood benefit from the any grant awarded?

Q8. Have you, or are you intending to, apply to any other agency during the current financial year for financial assistance to support your organisation?

Yes No

If yes, please complete the following:

Agency/Grant making body	Amount requested	Amount awarded



Q9. How did you find out about the Parish Councils grant scheme?

Q10. Is this the first grant application you have submitted to Cannock Wood Parish Council?

Yes No

Please all required documentation in support of your application as listed in the checklist below.

Declaration

I submit this application on behalf of the stated organisation and believe that all statements contained herein and all accompanying documentation to be accurate to the best of my knowledge. I understand, if the information supplied is found to be false in any way, the Parish Council may seek to recover the grant awarded.

Print _____ Sign

_____ Date _____

CHECKLIST

Document	Yes	No	Office use only	
Application form – all questions completed				
Q3. Documents where required				
Constitution				
Child Protection Policy				
Protocol for working with vulnerable Adults				
Public Liability Insurance				
Disability Audit of premises				
Risk Assessment				
Copy of last years audited accounts				
Copy of the last annual report OR alterative				

OFFICE USE ONLY

Date received			
Checked			
Initial			
Acknowledgement Sent		Date	