

WEST BUTTERWICK PARISH COUNCIL

GRANT APPLICATION FORM

If you wish your organisation to be considered for a grant please complete the details requested below.

Submit your form by post to Mrs C Boyall Clerk, West Butterwick Parish Council, 14 Hawthorne Avenue, Dunsville, Doncaster DN7 4DW or via email to clerk@westbutterwickpc.org.uk - should you have any queries please call us on 07876194049

CONTACT DETAILS

Full Name of Person requesting a Grant on behalf of the named organisation below: <i>(please print)</i>			
Position held in organisation:			
Email:		Tel. No:	

ABOUT YOUR ORGANISATION

Name of organisation:			
Charity number (if applicable):			
Full Address:			
	Post Code:		Tel No:
Address where organisation holds meetings if different to above:			
No of Members:		No of West Butterwick Members:	

GRANT APPLICATION DETAILS

Amount Requested:	£
Cheque Payee: <i>(please print clearly)</i>	
Copy of previous year's accounts and bank statements attached * <i>(please circle)</i>	YES/NO
Please provide details on how the organisation would use Grant funding <i>(use reverse of this form or a separate sheet if necessary)</i>	
Please provide details of Fundraising undertaken by organisation reference the project above	
Please provide details of any Contributions/Grants donated by other organisations	

***Please note: Failure to include a copy of the organisations accounts, bank statements and confirmation of signatories may result in this Grant Application being delayed or refused.**

****If a new initiative, a budget forecast should be provided.**

PLEASE CIRCLE:

YES NO I have read and understand the Grant Guidance Notes of West Butterwick Parish Council.
YES NO I am willing to submit evidence of how Grant Funds were used.

Signature:	Date:
Please print name:	

Data Protection: Your details will be used by West Butterwick Parish Council to contact you about your Grant Application only, unless you advise us that you would like to receive additional communications. At any time, you can request to no longer receive the communications you have consented to receive and/or request your details be deleted from our systems.

For Office Use Only

Date Discussed:	Approved/Not Approved
If Approved Date Payment Sent:	Cheque Number: