HELPRINGHAM PARISH COUNCIL

GRANT APPLICATION FORM

Please complete this form as clearly as possible and return it by 30th November.

*Where * please delete as appropriate.*

1. **Organisation Name:** *This must be the same name as that used on the bank account and Constitution.*	
2. **Describe the project or activity this grant would be used for:**	
3. **What is the total cost of the purchase or project?**	**£**
4. **How will this purchase or project benefit some / all of the residents in the Parish?**	
5. **How much are you applying for:**	**£**
6. **If the grant does not cover the full cost of the purchase / project, how will the remainder of the cost be financed?** The Parish Council will normally fund a maximum of 80% of a project. If you are unable to fund the remaining 20%, and are seeking a grant for 100% of the project costs, please explain the circumstances. The PC will then consider justified applications for 100% grant funding.	

7. **Please include below any other information which you consider to be relevant to your application.**

Please email the completed application form with any supporting Please email the completed application form with any supporting documentation to: clerk@helpringhamparishcouncil.gov.uk or alternatively post to Mrs J Pittock, Parish Clerk, Eau End Farm, Helpringham Fen, Sleaford. Lincolnshire NG34 0BS.

Supporting documentation checklist:

- Most recent accounts/constitution
- Business plan (for new groups)
- Evidence of need and community benefit
- Staff costs (if applicable)
- Safeguarding/Child Protection Policy (if applicable)

Applications should be received by 30th November and will the discussed at the December Parish Council meeting. Grants will be awarded the following April.

If you have any questions please do not hesitate to contact the **Parish Clerk on 07940589736 or email clerk@helpringhamparishcouncil.gov.uk**

If you are printing this form at home, please ensure this page is on a separate sheet, as the information will be separated from your application form in order to comply with GDPR.

CONTACT DETAILS	
1. **Name of organisation:**	
2. **Contact person for this application:** Mr/ Mrs/Miss/Ms/Other*	
3. **Position held (e.g. Chairman, Secretary, Trustee etc):**	
4. **Address where the organisation is based:**	
5. **Correspondence address** (if different to the one above)**:**	
6. **Email address:**	**Daytime telephone number:**
7. **Name of Bank:** **Sort Code:**	**Account No:**

DECLARATION	
This declaration must be signed by an authorised person within the organisation or group, e.g. Committee Member, Office Holder, Trustee, etc. 1. I am authorised to make the application on behalf of the above organisation. 2. I have read and noted the Council's policy relating to this application and agree to abide by the conditions listed if a grant is awarded by the Council. 3. I certify that the information contained in and with this application is correct. 4. I give permission for the Council to record the details of my organisation and my contact details and to retain the information as long as it is required.	
Signed **Position**	**Date**

The Council declares that all personal information provided will be processed in accordance with the requirements of the General Data Protection Regulations.