

GRANT APPLICATION FORM

Issue 3 : June 2023 Readopted : June 2023 Review : May 2024

1. Your Group

a. The name of your group

b. Approximately how long has your group been operating

c. Please give a brief description of your group's activities

- d. Website address (if you have one)
- e. The address of the premises where you meet

f. Telephone number

f. Approximately how many members/beneficiaries does your group have

Where do the beneficiaries live

g. Is your group run by a committee

Yes/No

If Yes, please supply the names of the officers

Page 1 of	Chair Secretary Treasurer
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Clerk: Sharon Vale Telephone: 07860 358493 Email: <u>westrowpc@gmail.com</u> Website: https://westrowparish.org.uk Chair: Cllr Rosalind Hamill

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If **No**, please supply the names of the organisers with a brief description of their roles and responsibilities.



h. Is your group supported by a statutory organisation Yes/No

If Yes, please describe the nature of the support (staffing, finance etc)

i. Does your group have a constitution

Yes/No

(Please supply us with a copy)

j. Name and address of person to whom correspondence should be sent

Name Address		
Tel. e-mail		



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2. <u>YOUR FINANCE</u>

a. Your Bank

Name of your bank		
Name of your bank account		
Sort Code		
Account number		

b. Are your group's accounts audited or independently examined annually Yes/No

If Yes, please attach a copy of your most recent accounts

If **No**, please give details of annual income and expenditure for the current year (include a separate sheet if necessary).

Income £ Expenditure £

3. <u>YOUR GRANT APPLICATION</u>

a. For what purpose is funding sought? Please state how this will directly benefit the residents of West Row



b. Total cost of the above. Please give details and attach quotes, estimates or any information you may have

£

c. Amount raised so far

£

d. From where? (Other organisations, group fundraising etc)





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e. Amount requested from West Row Parish Council

£

If you have additional information about your group that would support your application, please include it on an additional sheet.

Signed ______ on behalf of ______

Position _____ Date _____

I agree to the contact details of the group being stored on the charity database (they will not be submitted to a third party)

Please email the completed form to Westrowpc@gmail.com

or

Postal address

Parish Clerk Willows End, Weston Ditch, West Row, Suffolk IP28 8RD