

COMMUNITY GRANTS APPLICATION FORM

Before completing this application form, please read the Normandy Parish Council Community Grants Policy.

If your organisation meets the criteria set out in the policy, please complete the application form in full, ensuring you provide all the requested information. Please feel free to provide any additional supporting documents. If you have any difficulties in completing the form, or providing the requested information, please contact the Parish Clerk clerk@normandyparishcouncil.gov.uk

Once complete, please return the form to the Parish Clerk and the application will be placed on the agenda for consideration at the next scheduled Finance & Governance Committee meeting. A schedule of future meeting dates is available on the council website normandyparishcouncil.gov.uk

Name of organisation	
Name, contact details (email and telephone) and position of contact for the organisation	
Is the organisation a registered charity? If yes, please provide the charity number	
Amount of grant requested	
Total cost of project	
Please provide a brief description of the project and how the grant will be used <i>(please continue on a separate sheet if required)</i>	
Have you applied elsewhere for any grant funding, and if so, how much have you been awarded?	
How many residents of	

Normandy Parish will benefit from your project?	
Have you received grant funding from Normandy Parish Council previously? If yes, how much and for what purpose?	
Please ensure you attached the requested financial and organisational information.	<ul style="list-style-type: none"> • Last two years accounts, or copy of budget for newer organisations • Current bank statements confirming balances held • The constitution document(s) for the organisation

Please complete the following declaration:

I declare that the information given is correct and we agree to adhere to the conditions laid out in Normandy Parish Council's Grant Awarding Policy. I have provided all requested information to support the application.

Organisation Name	
Contact Signature	
Position	
Date	
Payee Name	
Sort Code	
Account Number	