



## APPLICATION FOR GRANT AID

A copy of the guidance notes for completing this form are attached. To support your application, you are advised to read them so that your organisation understands the Parish Council perspective and how it will consider applications, as well as outlining your organisation's responsibilities should your application be successful.

### **PART 1 – YOUR ORGANISATION**

NAME OF ORGANISATION

NAME OF CONTACT

ADDRESS OF CONTACT

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	POSTCODE

TELEPHONE NO: DAYTIME

EVENING

EMAIL ADDRESS

PLEASE OUTLINE BRIEFLY THE ACTIVITIES OF THE ORGANISATION

PLEASE GIVE NUMBERS IN YOUR ORGANISATION WHO ARE

A) PAID	
B) VOLUNTEERS	
C) MEMBERSHIP/BENEFICIARIES	

HOW MANY MEMBERS/BENEFICIARIES LIVE WITHIN CLIPSTONE PARISH  
 [See Guidance Notes]

**PART 2 – GRANT REQUEST**

AMOUNT OF GRANT APPLIED FOR

£

PLEASE DESCRIBE YOUR PROJECT

PLEASE EXPLAIN FOR WHAT AND WHEN YOU WILL BE USING THE GRANT

**PART 3 – GEOGRAPHICAL AREA RELATING TO**

DOES YOUR PROJECT COVER A GEOGRAPHICAL AREA BEYOND THE PARISH OF CLIPSTONE PARISH COUNCIL? **Yes / No**

IF YES, HAVE YOU ALSO CONTACTED THE RESPECTIVE PARISH COUNCILS OUTSIDE THE CLIPSTONE WARDS FOR GRANT FUNDING? **Yes / No**

PLEASE PROVIDE DETAILS OF WHICH OTHER PARISH COUNCILS YOU HAVE CONTACTED AND THE SUMS REQUESTED & AWARDED:

**PART 4 – TO BE COMPLETED BY ALL APPLICANTS**

HAS YOUR ORGANISATION APPLIED ELSEWHERE FOR A GRANT FOR THIS PROJECT? **Yes / No**

IF YES, PLEASE GIVE DETAILS

YOU ARE INVITED TO GIVE ANY ADDITIONAL INFORMATION WHICH MIGHT ASSIST THE COUNCIL IN CONSIDERING THE APPLICATION

PLEASE STATE BALANCES IN  
HAND AT END OF LAST  
FINANCIAL YEAR

HOW MANY MONTHS OPERATING  
COSTS DOES THIS REPRESENT?

HOW MUCH HAS THE GROUP  
RAISED THROUGH ITS OWN  
EFFORTS  
EG. FUNDRAISING DURING THE LAST YEAR?

PLEASE GIVE DETAILS OF ANY PREVIOUS GRANT AWARDS MADE BY CLIPSTONE  
PARISH COUNCIL INCLUDING THE YEARS IN WHICH THE GRANTS WERE MADE,  
THE AMOUNT AND WHETHER THEY WERE FOR CAPITAL OR REVENUE  
EXPENDITURE.

**PLEASE ENSURE ALL RELEVANT DOCUMENTATION IS ENCLOSED WITH THIS APPLICATION**

**CHECKLIST:**

All relevant parts of the form completed	
Form signed	
Audited accounts for the last two years	
Annual Report if available (or Project or Business Plan for a new organisation)	

DO YOU HAVE A WRITTEN CONSTITUTION? (THE COUNCIL RESERVES THE RIGHT TO ASK FOR A COPY)	<b>YES/NO</b>
---	---------------

Copies of this completed form and any supporting papers will appear on a Council agenda and will be discussed by Council in the presence of press and public.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS CORRECT.

I AGREE THAT IF A GRANT IS AWARDED\*, I WILL SUBMIT A REPORT CONFIRMING HOW THE MONEY HAS BEEN SPENT AND EXPLAINING WHAT DIFFERENCE THE GRANT MADE, PHOTOS WILL BE SENT IF POSSIBLE AND THAT THE ORGANISATION WILL MAKE A PRESENTATION AT THE ANNUAL PARISH MEETING.

I UNDERSTAND THAT I CONFORM TO THE GUIDELINES SET OUT IN THE GUIDANCE NOTES **AND HAVE READ AND SUBMITTED MY APPLICATION IN ACCORDANCE WITH THE GUIDANCE NOTES.**

SIGNATURE:

DATE:

NAME AND POSITION IN ORGANISATION:  
**IN CAPITALS PLEASE**

All Application Forms must be signed (electronic signature acceptable)

**\* IN THE EVENT OF A SUCCESSFUL GRANT AID APPLICATION, PAYMENT WILL BE BY BANK TRANSFER. PLEASE PROVIDE DETAILS (this information will not be published):**

Bank: Sort Code: Account:
---------------------------------

Please return this form to:

The Responsible Financial Officer  
Clipstone Parish Council  
The Village Hall  
Church Road  
Clipstone  
Nottinghamshire  
NG21 9DF

Application Forms are also available by email from: [admin@clipstoneparishcouncil.org](mailto:admin@clipstoneparishcouncil.org)  
or to download from the website:  
<https://clipstoneparishcouncil.org/community/grants/> or call the Parish Council office:  
01623 626857