

**GRANT APPLICATION FORM**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Name, Address and Position of Contact in Organisation** |  |
| **Telephone Number and Email Address of Contact** |  |
| **Is the Organisation a Registered Charity? If yes, Charity Number** | Yes / No  |
| **Amount of grant requested?** |  |
| **For what purpose or project is the grant requested?****(please continue on a separate sheet if necessary)** |  |
| **What will be the total cost? If applying for other grants/matched funds for the project please provide details.** |  |
| **When will the money be spent?** |  |
| **Who will benefit from the project? Give details of local groups that will benefit (if applicable)** |  |

**EQUAL OPPORTUNITIES**

Equal Opportunities seek to help all people receive fair and equitable access to the services our organisations provide. The Council has a legal duty to promote equality whether on grounds or race, disability, age, gender and other grounds where good relations and the elimination of discrimination can increase opportunities.

Does your organisation have an equal opportunities policy?

Yes No

If yes, please enclose a copy.

**FINANCIAL INFORMATION**

If your application if for more than £250 you must include a copy / extract of your organisation’s latest annual accounts with this application If your accounts show a one off or accumulated surplus, please state how much and what you plan to spend it on If your organisation has financial reserves, for what purpose are they held?

If you require assistance in completing the application form or submitting the supporting information please contact the Clerk to the Council: Tracey Martin, Longwick cum Ilmer Parish Council, c/o Longwick Post Office, Thame Road, Longwick HP27 9SF. Tel: 07521 161645 Email: clerk@longwickcumilmer.org.uk

Signed …………………………………………………………………………………………………………………………………………………

Date……………………………

Name (In capitals) ……………………………………………………………………………………………………………………………….