

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

Date.....

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 of race, disability, age, gender and other grounds where good relations and the elimination of discrimination can increase opportunities.

Does your organisation Yes	have an equal opportunities policy? No
If yes, please enclose a copy.	
FINANCIAL INFORMATION	
latest two years of annuaccumulated surplus, p	more than £250 you must include a copy / extract of your organisation's ual accounts with this application If your accounts show a one off or lease state how much and what you plan to spend it on If your organisation for what purpose are they held?
information please con-	e in completing the application form or submitting the supporting tact the Clerk to the Council: Tracey Martin, Longwick cum Ilmer Parish ost Office, Thame Road, Longwick HP27 9SF. Tel: 07521 161645 Email: er.org.uk
Signed	

Name (In capitals)