PAINSWICK PARISH COUNCIL
APPLICATION FORM FOR A GRANT

To be completed and submitted with the supporting information required
as per the Grant Application Process (3) of the Grant Awarding Policy

1.   Name of organisation

2.   Address of organisation 3.   Contact name and telephone number

4.   Position in organisation

5 .   Is the organisation a registered charity? If yes, Charity Number.

6.   Please answer the following: • What would the grant be used for? • How would it benefit the parish? • Total cost of project? • Total amount requested? • Are you applying to other organisations for funding?

7.   Please attach estimates/costings to support the application.

8.   Please indicate the financial balance of your organisation (from latest bank statement)

9.   Please include a copy of the accounts for the last financial year (if available).

10.   If the organisation is newly formed please include a copy of the budget and business plan

If you require assistance in completing the application form or submitting the supporting information
please contact the Clerk to the Council:
Painswick Parish Council, The Town Hall Painswick, Stroud GL6 6QA
Tel: 01452 812722 Email: clerkpainswickpc@hotmail.com

Signed …………………………………………………Date……………………………