EAST COKER PARISH COUNCIL



***APPLICATION FOR GRANT***

*FOR THE BENEFIT OF EAST COKER PARISHIONERS*

YOUR ORGANISATION

1. Name of Group …………………………………………………………………………
2. Name of Applicant and position held in Group………………………...........................

………………………………………………………………………………………….

1. Address for contact……………………………………………………………………..

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1. Daytime Tel. No. ………………….…….. Evening Tel. No…………………………..
2. Email address…………………………………………………………………………...
3. Project details and anticipated start date ……………………………………………….

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1. Funding requested from East Coker Parish Council and justification

(maximum of £500)

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1. Other funding sources applied for and/or received over the past three years

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1. About your group (when started, how many members are East Coker Parishioners and how many are not East Coker parishioners)

…………………………………………………………………………………………..

1. Cost of membership ……………………………………………………………………

Is the current Balance Sheet available for consideration? Yes or No.

If yes, please attach a copy with your application.

If no, please give the reason why.

1. Are you a Registered Charity? If so, Charity No……………………………………….

Club Association………………………………………………………………………..

Other…………………………………………………………………………………….

1. How are people able to find out about and participate in your group activities?

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1. As a result of funding what will be the benefit to group and /or community?

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1. Have you received any previous grant from East Coker Parish Council, if yes, give details.

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1. Are you an East Coker Parish Councillor or related to an East Coker Parish Councillor? If yes, give details.

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 Declaration

I declare that, to the best of my knowledge and belief, all the information in this application form is true and complete.

Signature of Applicant………………………………………………

Print Name…………………………………………………………..

Position………………………………………………………………

Date…………………………………………………………………..

Group Leader Signature…………………………………………….

Print Name…………………………………………………………..

Date………………………………………………………………….

Send completed form to:

Jude Heggarty

Clerk/Officer

Linden Cottage, Holywell, East Coker, BA22 9NF

*Office Use*

*Amount Agreed……………………………………………*

*Date…………………………………………………………*

*Cheque number……………………………………………*

*Resolution/Minute number………………………………..*