

# Mayfield and Five Ashes Parish Council

## Grant Application Form

Please read the attached grants policy before completing this form. Please use black ink and block capitals.  
 You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets.

**A. Your organisation**  
 Please give us the following information about your organisation:

Name of Organisation: .....

Address:.....  
 .....  
 ..... Post Code: .....

Description of your organisation's activities. Please list your aims and objectives.  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

How long has your organisation been in existence? .....

**B. Contact Details**

Name of contact: .....

Position: .....

Address for correspondence (if different from above):  
 .....  
 .....  
 ..... Post Code: .....

Tel:.....(daytime) .....(mobile)

Email: .....

**C. Your Application**

a) Brief description of project or scheme for which grant is intended  
 .....  
 .....

b) Who will benefit from the proposed project or scheme and how many of these are Mayfield and Five Ashes residents?  
 .....  
 .....

c) Total cost of project or scheme: £..... d) How much are you applying for? £.....

Please give an itemised breakdown of the expenditure for which this money which is being applied for. Please include evidence (e.g.. suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.

ITEM	COST £
<b>TOTAL</b>	

d) Have you made any grant application to any other body for grant aid for this project? Yes/No. If yes please give details:

Name of organisation applied to	Amount applied for	Date of Application	Amount Received

If you have received any other sources of funding in the past year, not specified above, please give details:

.....  
 .....  
 .....

**D. Previous Applications**

Has your organisation previously applied for a grant from this Parish Council? If YES, please give details of the project and the date and amount of grant received if any. Was the project as described completed?

.....  
 .....  
 .....

**E. Additional Information**

Are there any other comments you wish to make to support this application? Please give this information below, or attach a separate sheet:

.....  
 .....  
 .....  
 .....

**F. Your Financial Situation**

All applications must be accompanied by the following financial information: **If you do not supply this information your application will not be considered unless previously agreed in writing by the Council.**

- A copy of your latest approved statement of income and expenditure or other financial report which indicates your financial position, or
- Photocopy of bank statements covering the past six months
- A statement of your capital assets, if any

**If you are unable to supply this information, please contact the Parish Council for advice before submitting this application**

Grant payments are made by cheque or by BACS:

Account Name/ Cheque Payable to: .....

Account Number: ..... Sort code: .....

Signed:.....

Date: .....

**Please return to Janna Todd, Parish Clerk, Mayfield and Five Ashes Parish Council, Old Manor House, High Street, Mayfield, TN20 6AL by 30<sup>th</sup> September 2016. Late entries will not be accepted.**

If you have any queries, please contact the Parish Clerk on 01435 873784 or email [clerk@mayfieldfiveashes.org.uk](mailto:clerk@mayfieldfiveashes.org.uk) .

**FOR OFFICE USE ONLY**

Date received:.....

Grant awarded:.....

Amount:.....