**MILBORNE PORT PARISH COUNCIL**

**APPLICATION FOR COMMUNITY GRANT**

Please fill in all sections.

If you wish to expand on a question please use a separate sheet.

The declaration at the end of the form must be signed or the application will be rejected.

When complete, please return your form to:

Simon Pritchard, Parish Clerk

Milborne Port Parish Council

Town Hall

High Street

Milborne Port

Sherborne

DT9 5FT

**email:** **clerk@milborneportpc.org.uk**

NB: Any organisation seeking a grant from Milborne Port Parish council that needs help to comply with the paperwork (such as a statement of income & expenditure) required can ask for a suitable member of the parish council to help them. Please contact the Parish Clerk for advice.

1. **Organisation and Contact Details**

|  |  |
| --- | --- |
| **Name of Organisation** | Grant payments will be made to the organisation, not an individual |
| **Contact Name & Position in Organisation** |  |
| **Address for correspondence** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **Please give a summary of your organisation’s main activities** |  |
| **Please describe how the local community benefits from your organisation** |  |
| **Is your organisation a registered charity? If so, please supply the charity registration number** |  |

1. **Grant Information**

|  |  |
| --- | --- |
| **Please explain what the grant will be used for** |  |
| **How much grant are you applying for?** |  |
| **Have you applied for grant funding from any other source? Please tell us how much and who from** |  |
| **Grants are normally paid in May. If this does not suit your organisations timetable, please tell us when you need it. i.e. your “activity” year runs from September to August** |  |

**5. Financial Details**

|  |  |
| --- | --- |
| **Do you receive funding/income from other sources? Please tell us where\*** |  |
| **Please supply either:*** **a copy of your organisation’s most recent audited accounts, or**
* **a copy of your organisation’s most recent statement of income and expenditure, or**
* **copies of your organisation’s last three months bank statements**
 | Please note here which details are enclosed/attached electronically |

\*This includes your organisation receiving membership or subscription fees.

**Please complete the following declaration**

I declare that the information given is correct and agree to adhere to the conditions

laid out in Milborne Port Parish Council’s S137 Grants Policy.

On behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accept the conditions in Milborne Port Parish Council’s S137 Grants Policy

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:
COMPLETION OF THIS FORM DOES NOT MEAN THAT A GRANT APPLICATION WILL BE SUCCESSFUL IN PART OR WHOLE**

**For Parish Council use only:**

|  |  |
| --- | --- |
| Application received (date): |  |
| Forwarded to committee for consideration: |  |
| Decision by Full Council: | Amount awarded: |