

GRANT APPLICATION FORM

Name of Organisation	
Correspondence Address	
Contact Name	
Telephone Number	
Email Address	
Registered Charity?	Yes/No If Yes, Charity Number:
For what purpose is the grant required?	
Amount of grant required	£
Total cost of the project	£
Other sources of funding (i.e. how any shortfall will be met)	
Who will benefit from the project?	
Cheque Payee if successful:	

Please tick to indicate that you have read Styal Parish Council's Grants policy

Signed: _____ Date: _____

GRANT APPLICATION FORM

Notes:

1. For grants over £1,000 Styal Parish Council will require a copy of your most recent audited annual report. For grants of £1,000 or less, financial statements in support of the application must be provided where available.
2. You are welcome to provide, on a separate piece of paper, any information you feel will support this application
3. Should the grant be approved, the Parish Council will require a statement of how the money was used, and when, within twelve months of receipt of the funding (this is a statutory requirement).
4. Please return the completed form and supporting information by post or email to the Clerk:

*Sue McDonald
North Arden Lodge
Lamb Lane
Ashley
WA14 3QG*

Tel: 0161 928 4677

Email: styalpc@ashleyworks.co.uk