

## 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?	
Total cost of the project	£
Amount of grant required (not more than 50% of cost)	£
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: \_\_\_\_\_

*Notes:*

1. All grants will be conditional upon submission of a financial statement (which must be audited accounts where available) in support of the application and supporting documentation detailing costs of the capital expenditure for which the funding is being sought.
2. The amount applied for cannot exceed 50% of the total cost of the project. A quotation, or similar document, detailing the cost of the project must accompany this application form.
3. You are welcome to provide, on a separate piece of paper, any information you feel will support this application
4. 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).
5. 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](mailto:styalpc@ashleyworks.co.uk)*