



**SIMPSON & ASHLAND PARISH COUNCIL:
GRANT AID APPLICATION FORM**

Please answer all questions. Please refer to the Guidelines for Completion. If you would like further help with filling in this form, please call the Clerk on 07597 304 054

Completed application forms should be returned to:

Simpson & Ashland Parish Council:
c/o The Parish Clerk
Sue Key
4 Friary Gardens
Newport Pagnell
Milton Keynes
MK16 0JZ

Mobile: 07597 304054

Email: clerk.simpsonandashland@gmail.com

About your Organisation.

1. Name of your Group	
2. Main Contact	
3. Position in Group	
4. Address	
5. Postal Code	
6. Email address of main contact	
7. Telephone No.	
8. Website (if app)	

About the Project:

1. What are you planning to DO and what, if any, items do you need the funding for?

2. How many people will be involved in the project / event / activity and how many people do you think will benefit?

3. How will you show what your project has achieved and what difference it has made?

**4. Are appropriate policies/rules in place to support this type of project?
(e.g. if projects for children do you have a child protection policy? Insurance cover?)**

5. When will the project start and end?

Start date:	End date:
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6. Funding requirement

How much money are you applying for?

£

Please give a breakdown of total costs for the project:

Item	Detail	Cost £
	Total	

7. If the total cost of the project is more than this application, do you have the rest of the money, or how will you raise it? How does your project represent good value for money?

8. Please provide bank details for your organisation OR the details of the third party organisation that you wish to hold the money, including contact and bank details

We cannot process your application unless you have included with your application *:

- A copy of your constitution or a set of rules for your organisation
- Information about your finances (audited accounts or income and expenditure records for the last financial year – unless you are an new less than a year old, when we would wish to see a project/activity budget)
- A list of names and addresses of your committee (for information purposes only)
- Relevant policies eg. Insurance, equal opportunities, child protection etc.
- Appropriate signatures.

Declaration

We confirm that the information given in this application is correct, and will abide by the Terms and Conditions.

We are authorised to make this application on behalf of:

Name of Organisation

Signed

Name

Position in organisation

Date

Signed

Name

Position in organisation

Date

(NB: we do not provide grants for projects that promote political or religious beliefs)