Cutcombe Parish Council

Grant/Donation Application Form

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:

Elizabeth Stitt, Parish Clerk Cutcombe Parish Council C/O Dinglefield Cowbridge Timberscombe TA24 7TD

Name of Organisation

email: cutcombeclerk@gmail.com

Contact Name and address					
Telephone Number					
Email address					
Position					
Is the organisation a registered charity?		Yes		No	
If yes please provide charity number					
Amount of grant requested £					
What is the nature of your organisation's activity?					
Briefly describe the project or purpose for which you require a grant					

How will this project benefit the community or residents of Cutcombe and Wheddon Cross				
When do you inten	nd to start the project			
Completion Date				
Have you previous	ly received or applied for a grant or donation from Cutcombe Parish Council			
If yes, please give o	details of amounts and years			
Please add any further information in support of your application (additional literature, leaflets				
or recent annual re	ports may be enclosed with the application.			
Declaration				
I declare that I have	e read and accept the conditions of the grant or donation and that I have			
•	ions fully and truthfully. I also declare that any grant made will be used solely			
• •	utlined in this application. I understand that Cutcombe Parish Council			
reserves the right t	to reclaim the grant in the event of it not being used for the purpose specified.			
Г				
Full Name				
Signed				
Date				