

**SHERBURN IN ELMET PARISH COUNCIL
GRANT FUNDING APPLICATION FORM:**

**About the Organisation requesting grant funding:**

Name/Address of the Organisation:

Name of person making the application: ……………………………………………………………………………….

Position in organisation: ……………………………………………………………………..…………

Contact details:

phone number: …………………………

Email address ……………………………

Does your organisation:

|  |  |
| --- | --- |
| Have its own bank account, which two unrelated people to authorise cheques and make withdrawals? |  |
| Have at least three members on its management committee |  |
| Have a constitution, terms of reference or set of rules *(please contact for help with this if needed)* |  |

Is the organisation a charity? Yes/No:

If so, please give your charity number: ……………………………………

Is the organisation part of, or affiliated to, a larger organisation?

If so, please name the larger organisation: ………………………………………………………………………………………

What does the organisation do and how does it benefit residents of Sherburn in Elmet?

Where does your organisation meet? ………………………………………………………...

How often does it meet? ……………………………………………...………………………..

**Information about the funding requested:**

Please provide a detailed description of the project or purchase the organisation is seeking to fund:

How much funding is the organisation applying for?

£……............................................................

What is the total cost of your project?

£…............……………………………………

How else is the organisation funding this project? Include grants from other organisations, fund raising and your reserves

|  |  |  |
| --- | --- | --- |
| Source | £ | Confirmed? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

Please provide an explanation as to how the funding will benefit the community of Sherburn in Elmet

Please explain how will this funding lead to greater self-sufficiency and lessen the need for future applications?

What fund raising activities took place in the **last** 12 months and what activities are planned for the **next** 12?

Please provide details of anticipated income and expenditure for next 12 months.

**Completed forms and documentation must be returned to** **clerk@sherburninelmet-pc.gov.uk**