

APPLICATION FOR GRANT FUNDING

Clerk: T Watson
Lydlinch Parish Council
TheHub@Stalbridge, Station Rd, Stalbridge, Sturminster Newton,
Dorset. DT10 RG
☎ 01963 364276
💻 clerk@lydlinchparishcouncil.gov.uk

A decision as to whether funding can be granted is made by Parish Councillors, based on the information provided on this application form. Please ensure that you provide all of the information requested. It is also important to ensure the application is a true representation of what is being requested. Any change to an original application must be discussed with the Clerk in the first instance. Funding applications can be rejected if they do not accurately represent what the funding is being requested for.

1. Your Organisation

Name of Organisation:			
Address:			
Daytime telephone number:			
Email address:			
Purpose of Organisation:			
Registered Charity Number (if applicable):			
Which best describes your organisation?	Not for profit <input type="checkbox"/>	Paid employees <input type="checkbox"/>	Shareholders <input type="checkbox"/>
Contact Name:			
Position in the organisation:			
What year was your organisation created?	<input type="text"/>	Does it have its own written constitution? <i>If YES please include a copy</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many members/clients of your organisation are Lydlinch Parish residents?			
If your application is to make building improvements, please identify who owns the building/s.	Do you have a tenancy agreement? If YES please provide details:		

2. Funding Request

Why are you requesting financial support?

Amount of funding requested:

Is your organisation contributing its own funds towards this requirement?

YES

How much?

NO

In support of your application please provide evidence of cost such as quotations addressed to your organisation or, copy of an advert etc. Can you supply such evidence?

YES

NO

If **NO** please explain further:

Will the additional funding help your organisation meet statutory requirements such as; Building, Fire Safety, Health & Safety Regulations, Disability Act etc?

YES

NO

If **YES** please explain further:

How will Lydlinch Parish residents benefit from your organisation being granted the funding requested?

Details of any restrictions placed on who can use/access your services

Evidence that the project actively promotes equal access for all

Any funding agreed will be made available in May.
When does your organisation anticipate the purchase/project to be completed by?

Any further information to support your application?

3. Declaration

I confirm that, to the best of my knowledge, the details included in this application are true and accurate.

Printed Name:

Organisation:

Application Date:

Signature:

4. Supporting Information

Last set of fully audited accounts	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="text" value="N/A"/>	<input type="text" value="Comments"/>
Project details / Business Plan	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="text" value="N/A"/>	<input type="text" value="Comments"/>
Organisation's constitution	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="text" value="N/A"/>	<input type="text" value="Comments"/>
Evidence of project/item cost	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="text" value="N/A"/>	<input type="text" value="Comments"/>
Other supporting papers	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="text" value="N/A"/>	<input type="text" value="Comments"/>

Please return this form and any supporting documents to the address at the top of page 1

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