CHILTHORNE DOMER

 PARISH COUNCIL

***APPLICATION FOR GRANT***

*FOR THE BENEFIT OF CHILTHORNE DOMER PARISHIONERS*

YOUR ORGANISATION

1. Name of Group …………………………………………………………………………
2. Name of Applicant and position held in Group………………………...........................

………………………………………………………………………………………….

1. Address for contact……………………………………………………………………..

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…………………………………………………………………………………………..

1. Daytime Tel. No. ………………….…….. Evening Tel. No…………………………..
2. Email address…………………………………………………………………………...
3. Project details and anticipated start date ……………………………………………….

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1. Funding requested from Chilthorne Domer Parish Council and justification

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1. Other funding sources applied for and/or received over the past three years

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1. About your group (when started, how many members are Chilthorne Domer Parishioners and how many are not Chilthorne Domer parishioners)

…………………………………………………………………………………………..

1. Cost of membership ……………………………………………………………………

Is the current Balance Sheet available for consideration? Yes or No.

If yes, please attach a copy with your application.

If no, please give the reason why.

1. Are you a Registered Charity? If so, Charity No……………………………………….

Club Association………………………………………………………………………..

Other…………………………………………………………………………………….

1. How are people able to find out about and participate in your group activities?

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1. As a result of funding what will be the benefit to group and /or community?

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1. Have you received any previous grant from Chilthorne Domer Parish Council, if yes, give details.

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1. Are you a Chilthorne Domer Parish Councillor or related to a Chilthorne Domer Parish Councillor? If yes, give details.

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Declaration

I declare that, to the best of my knowledge and belief, all the information in this application form is true and complete.

Signature of Applicant………………………………………………

Print Name…………………………………………………………..

Position………………………………………………………………

Date…………………………………………………………………..

Group Leader Signature…………………………………………….

Print Name…………………………………………………………..

Date………………………………………………………………….

Send completed form to:

Emma Meecham

Clerk to Chilthorne Domer Parish Council

15 Meadow Road, Yeovil, BA21 5PB

*Office Use*

*Amount Agreed……………………………………………*

*Date…………………………………………………………*

*Cheque number……………………………………………*

*Resolution/Minute number………………………………..*