NORTH SOMERCOTES PARISH COUNCIL

GRANT AID APPLICATION FORM for 2023

Name of Organisation		
Name of Project		
Address of Organisation		
Name, Address, Tel No. and E-mail address of authorised contact		
Status of the Organisation	Registered charity Non charitable voluntary group Other	
Project aim?		
What is the grant requested for?		
Number of people or facilities in the Parish of North Somercotes likely to benefit?		
Start date for project/when funding will be required?		
Expected duration		
Current Financial Status of the organisation: List total funds – money at bank and any reserves. (A copy of your last audited end of year accounts may also be required)		
Relevant Financial Information for proposed		
Project: Please itemise all costs and provide copies of appropriate supporting paperwork. For grant applications over £1000 evidence is required that at least three estimates have been obtained.		

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Sources of Funding – list all sources of funding and	Fund-	raising	
any matched funding that the organisation receives	Privat	e sector/Sponsorship	
and organisation received	Count	ty Council	
	Distric	et Council	
		(please specify, eg tising revenue, legacies)	
	TOTA	L MATCHED FUNDING	
	GRAN	NT REQUESTED	
To whom should the cheque be made payable if your application is successful?			
Signed			
Position in Organisation			
Date			
Please return your complete Grant applications are norma payment in the following May, has been successful. Howeve time. Organisations/individual provide a brief report to counc of any supporting paperwork a	lly cons . You v er, orga s which il showi	idered during budget discuss vill be advised in January or inisations and individuals may receive grant aid of more tha ng how any funding has been	sions in late October, for before if your application y also apply at any other n £50 may be required to used, together with sight
For Council use only:			
Date approved/Minute Ref.			
Power Used - Section 137/O please state:	ther –		
Signed/Date:			