Before completing this application, please ensure that you have read the Parish Council’s Grant Awards Policy. If you would like the Council to consider an application for funds, please complete the details below and return this form to the Parish Clerk.

|  |  |  |
| --- | --- | --- |
| Applicant Name |  |  |
| Contact Name |  |  |
| Address |  |  |
|  |  |  |
|  |  |  |
| Post Code |  |  |
| Telephone Number |  |  |
| Email Address |  |  |
|  |  |  |
|  |  |
| Applicant’s Status e.g. Charity, Community group, etc. |  |
| Applicant group’s aims and purpose (if constituted) |  |
| Registered Charity No. (if applicable) |  |
| Bank | Sort Code | A/c no. |
|  |  |
| Name of your Project/Expense |  |
| Amount applied for | £ |
| Please give total cost of project.  | £ |
| Please give a breakdown of those costs, if applicable - (continue on a separate sheet if needed) |  |

|  |  |
| --- | --- |
| When is the anticipated project starting date? |  |
| What is the purpose for which the grant is being used? |  |
| Please give full details of the work for which you are seeking a grant, including the number of people who will benefit, their ages and whether there are any social, cultural or economic factors that ought to be taken into account (Please limit yourself to a maximum of 200 words). |  |
| Which other sources have you approached for funding for this project? |  |
| Have you received support or a promise of support from another source? | Yes/No |
| If Yes, please supply copies of any offers or letters of intent of awards from the other sources |
|  |  |
| Please give here any supporting information you feel appropriate. (Please limit yourself to a maximum of 200 words) - include a statement of means and/or latest available audited annual accounts. |  |
| The application shall be considered at the next scheduled Parish Council meeting (or the meeting in June of the next financial year if you are applying for a grant of more than £500) and if approved, payment shall be authorised at the following meeting. Should you require funding urgently please speak to the Clerk to discuss this. |

I/we confirm that all statements and details given above are correct and true and undertake to inform Puddletown Area Parish Council should anything materially change. I/we also understand that the Council may use any material within any future publicity surrounding grant approvals and details will be made available to the public.

|  |  |
| --- | --- |
| Signature of representative\* |  |
|  |
| Name (block capitals) |  |
| Position |  |
| Date |  |
| Email\*\* |  |
|  |  |
| Signature of representative\* |  |
|  |
| Name (block capitals) |  |
| Position |  |
| Date |  |
| Email\*\* |  |
| \* Please ensure you have read and understood the Data Protection Statement below. \*\* Please provide email addresses if the signatures are typed or electronic. |

Please return the completed application form to:

Michelle Harrington

Puddletown Area Parish Council Clerk

c/o 34 Egmont Road,
Poole

Dorset

BH16 5BZ

or you can email the completed form to puddletown@dorset-aptc.gov.uk.

|  |
| --- |
| **This section for office use only** |
| **Power appropriate and Legal Reference:**  |
| **Date reviewed:** |  | **By:** |
| **Budget availability:** |  |
| **Recommendation:** |  |
| **Comments:** |  |

**Data Protection:** By signing this form you consent to any personal information supplied by you in connection with this grant application being used by the Parish Council in the processing and review of the grant application. Furthermore, by signing this form you confirm that personal data about any other person is supplied to the Parish Council with his/her consent.