## **Fulford Parish Council**

## **Grant Application Form**

Please read Fulford Parish Council's Grant Awarding Policy Council before completing this form.

Name of the group/organisation:

| Name of nominated contact:           |        |        |
|--------------------------------------|--------|--------|
| Role of contact person:              |        |        |
| Address Contact:                     |        |        |
| Contact email address:               |        |        |
| Contact telephone numbers            |        |        |
| Is the group a registered charity?   | Yes/No |        |
| If yes, please give charity no.      |        |        |
| Have you received a grant from       | Yes/No |        |
| Fulford Parish Council before?       |        |        |
| If so, please give details.          |        |        |
|                                      |        |        |
| Describe the function of the group   |        |        |
| Does your group have a constitution? |        | Yes/No |

| In what way does your proposal benefit the local community in Fulford? Please continue on a separate sheet if required. Please provide information in absolute number of residents that will benefit, who are members and percentages compared to the total number of members  How would you consult the local community?  How would you involve the local community?  Please add any information that demonstrates that your proposal meets the aims and objectives of Fulford Parish Council  Details of estimated expenses for the proposal (please Amount | What do you request a grant for?   |                             |  |  |  |
|---|--|-----------------------------|--|--|--|
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| Objectives of Fulford Parish Council  Details of estimated expenses for the proposal (please   Amount   | The state of the s |                             |  |  |  |
| Objectives of Fulford Parish Council  Details of estimated expenses for the proposal (please   Amount   |  |                             |  |  |  |
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|   | objectives of Fulford Parish Council   |                             |  |  |  |
|   |  |                             |  |  |  |
|   |  |                             |  |  |  |
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|   |  |                             |  |  |  |
|   |  |                             |  |  |  |
|   | Details of estimated expenses for the proposal (please   | Amount                      |  |  |  |
| enclose any quotations related to the cost estimates)   |  |                             |  |  |  |
| onologo any quotationo rotated to the cost estimates;   | Shows any quotations related to the cost estimates)  |                             |  |  |  |
| £   |  | f                           |  |  |  |
|   |  | ~                           |  |  |  |
| £   |  | £                           |  |  |  |
|   |  |                             |  |  |  |

|  | £                                   |  |  |
|--|-------------------------------------|--|--|
|  | £                                   |  |  |
|  |                                     |  |  |
| Total costs  | £                                   |  |  |
| Grant requested  |                                     |  |  |
| How much has been requested from what other ergon  | inations?                           |  |  |
| How much has been requested from what other organi   | isations!                           |  |  |
| Fundraising/own contribution   |                                     |  |  |
| If you are organising a public event, do you have public   | c liability insurance?              |  |  |
| Please tell us why you need a grant contribution by giv finances   | ring information about your group's |  |  |
| Please add any information that demonstrates in what ways not already mentioned your proposal meets the other priorities set by Fulford Parish Council |                                     |  |  |
|  |                                     |  |  |
| Please enclose:  |                                     |  |  |
| Most recent audited accounts including all assets and sheet  | an up to date balance               |  |  |
| Copies of bank statements for the last three months  |                                     |  |  |
| Copy of constitution   |                                     |  |  |

Copy of public liability insurance (if required)

£

| Copy of quotations/estimates   |        |
|--|--------|
| Copy of a 12 month forward plan  |        |
|  |        |
| Declaration  | Please |
| This is to confirm that the information on this form is correct  | tick   |
| This is to confirm that I have read the privacy notice of Fulford Parish Council   |        |
| I give permission to Fulford Parish Council to retain the details above for grant administration and to discuss the grant application at a parish council meeting. |        |
|  |        |
| Date:  |        |
| Signature:   |        |

## Please return the form and supporting documentation to:

Rachel Robinson Clerk & RFO, Fulford Parish Council Cemetery Lodge Fordlands Road Fulford YORK YO19 4QG

Please contact the Clerk if you have any questions on 07719 211978 or <a href="mailto:clerk@fulfordpc.org.uk">clerk@fulfordpc.org.uk</a>