

WEST HILL PARISH COUNCIL GRANT APPLICATION FORM

ADOPTED WHPC Meeting 7th May 2024 Min 224/146

- Please note that this application will not be considered unless it is accompanied by a copy of the **latest set of annual accounts** showing your organisation's income, expenditure and level of balances. If the organisation does not prepare annual accounts, copies of the bank statements covering the previous six months or a budget forecast must be enclosed.
- Please also attach a copy of your **Constitution or similar document** setting out the aims, objectives and governance of your organisation

1	Name of Organisation	
2	Contact Details of Applicant please include phone number and email address	
3	Please provide bank account details to facilitate payment	Account name: Account number: Sort code:
4	Please describe the project or purpose for which financial assistance is required: What are the project's aims? What benefit does the project bring to the residents of West Hill?	
5	Total cost of project (show detailed cost analysis and attach quotes if appropriate)	£

4	Amount of grant requested:	£
5	When is the grant funding required?	
6	If the total cost of the project is more than the grant, how will the residue be financed?	
7	Have you applied for a grant for the same project to another organisation?	<input type="checkbox"/> Yes Please state which organisation and how much: <input type="checkbox"/> No
8	Copy of most recent annual accounts attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Copy of Constitution or similar document attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Applicants are asked to familiarise themselves with the terms and conditions in the Council's grants policy and please tick the box on the right to confirm that you understand and agree with them.	<input type="checkbox"/> I/We agree with the terms and conditions of the Council's grants policy, especially in relation to crediting the Council in any publicity and providing feedback on the success of the grant within six months.

Signed.....Date.....

Name.....

Position/Office.....