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Clerk: Sharon Vale Telephone: 07860 358493

Email: <a href="westrowpc@gmail.com">westrowpc@gmail.com</a> Website: <a href="https://westrowparish.org.uk">https://westrowparish.org.uk</a>

Chair: Cllr Rosalind Hamill

## **GRANT APPLICATION FORM** ( PDF )

Issue 2 : May 2022 Readopted : June 2022 Review : May 2023

Your Group  a. The name of your group
b. Approximately how long has your group been operating
c. Please give a brief description of your group's activities
d. Website address (if you have one)
e. The address of the premises where you meet
f. Telephone number
f. Approximately how many members/beneficiaries does your group have
Where do the beneficiaries live
g. Is your group run by a committee Yes/No
If <b>Yes</b> , please supply the names of the officers
Chair
Secretary Treasurer



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If ${\bf No}$ , please supply the names of the organisers with a brief description of their roles and
responsibilities.
h. Is your group supported by a statutory organisation Yes/No
If <b>Yes,</b> please describe the nature of the support (staffing, finance etc)
i. Does your group have a constitution Yes/No
(Please supply us with a copy)
j. Name and address of person to whom correspondence should be sent
Name Address
Tel.
e-mail



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<u>Y</u>	OUR FINANCE
a	. Your Bank
	Name of your bank Name of your bank account Sort Code Account number
b	. Are your group's accounts audited or independently examined annually Yes/No
If	Yes, please attach a copy of your most recent accounts
	<b>No,</b> please give details of annual income and expenditure for the current year (include a eparate sheet if necessary).
	Income £ Expenditure £
<u>Y</u>	OUR GRANT APPLICATION
	. For what purpose is funding sought? Please state how this will directly benefit the esidents of West Row
b	Total cost of the above. Please give details and attach quotes, estimates or any information you may have
	£
С	. Amount raised so far
	£



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: May 2022

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			Revie	ew : May 2023
d. From wh	ere? (Other organisation	ns, group fundra	ising etc)	
			1	
		_		
e. Amount	requested from West Ro	w Parish Counci	I	
£				
L				
If you have addition include it on an add	nal information about yo ditional sheet.	ur group that w	ould support your	application, please
Signed	on behalf of			
Position		Date		

I agree to the contact details of the group being stored on the charity database (they will not be submitted to a third party)

Please email the completed form to Westrowpc@gmail.com

or

Postal address

Parish Clerk Willows End, Western Ditch, West Row, Suffolk IP28 8RD