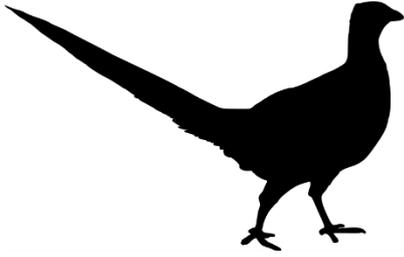


BUCKLESHAM PARISH COUNCIL



RETURN APPLICATIONS TO:

Mrs. Ruth Johnson, Clerk to the Council
54 Levington Lane, Bucklesham
Ipswich, Suffolk, IP10 0DZ

Tel: 01473 655149 / 07854 712 734 buckleshampc@gmail.com

GRANT APPLICATION

If you require this application form in another format (e.g.large print) please ask

PLEASE ENCLOSE A COPY OF YOUR ORGANISATION'S CONSTITUTION OR AIMS AND OBJECTIVES AND MOST RECENT ACCOUNTS IF POSSIBLE

PART 1

ORGANISATION NAME	
CONTACT NAME	
CONTACT ADDRESS INCLUDING POSTCODE	
CONTACT PHONE NO	
ALTERNATIVE PHONE NO	
CONTACT EMAIL	
SIGNED ON BEHALF OF ORGANISATION (<i>electronic signature accepted</i>)	
DATE	

PART 2

DESCRIBE THE LOCATION OF THE PROJECT

Where will the grant be used?

HOW WILL THIS PROJECT BE OF BENEFIT TO THE PARISH?

Give details of who or how many people will benefit and what will be achieved as a result of the project (e.g. a grant towards a children's library would benefit 60 children during every school holiday)

**PART 3
TOTAL COST OF THE PROJECT**

PURCHASE OF EQUIPMENT	£
OTHER EXPENSES	£
ESTIMATED TOTAL COST	£
VAT	£
PLEASE GIVE DETAILS OF EQUIPMENT REQUIRED FOR THE PROJECT <i>E.g. purchase of table and chairs</i>	
PLEASE STATE THE AMOUNT OF GRANT YOU ARE APPLYING FOR FROM THE PARISH COUNCIL	£
IF APPLICABLE PLEASE INDICATE HOW THE REMAINDER OF THE PROJECT WILL BE FUNDED <i>If the amount of grant you are asking for is less than the total cost of the project please give details of how the remaining funding will be raised.</i>	
(i) OTHER ORGANISATIONS (E.g. East Suffolk Council, etc.)	
(ii) LOCAL FUNDRAISING	
(iii) OTHER INCOME (E.g. membership etc.)	

IF YOU REQUIRE ANY HELP WITH COMPLETING THIS APPLICATION FORM PLEASE JUST ASK – WE WANT YOU TO BE SUCCESSFUL 😊

DON'T FORGET TO SEND YOUR CONSTITUTION AND A COPY OF YOUR ACCOUNTS

GOOD LUCK!