## SWINESHEAD PARISH COUNCIL GRANT POLICY APPLICATION FORM

Your privacy is important to us but we would like to communicate with you. To do this, we need your consent to hold and use your details. Please fill in your name, address and other contact information and confirm your consent by ticking the boxes below.

You can withdraw or change your consent at any time by contacting the Clerk

|       | We may contact you to keep you informed about what is going on in the Swineshead news, events, meetings, clubs, groups and activities | area, including |  |
|-------|---|-----------------|--|
|       | As a representative/official of a local group, we may use your details, as supplied to use as a point of contact for that group       | s, for example  |  |
|       | We may use your name and contact details in our newsletters, or on our website, or on our Facebook page                               |                 |  |
|       | We may use your photograph in our newsletters, or on our website, or on our Faceboo   | ok page         |  |
| NAME  | OF APPLICATE  |                 |  |
|       |   |                 |  |
| NAME  | E OF ORGANISATION   |                 |  |
|       |   |                 |  |
| ADDR  | RESS OF ORGANISATION WITH POSTCODE  |                 |  |
|       |   |                 |  |
|       |   |                 |  |
|       |   |                 |  |
|       |   |                 |  |
| EMAII | L ADDRESS   |                 |  |
|       |   |                 |  |
| TELE  | PHONE NUMBER  |                 |  |
|       |   |                 |  |
| SUMN  | MARY OF AIMS AND OBJECTIVES   |                 |  |
|       | WALL OF AUMOTOR OBSESTIVES  |                 |  |
|       |   |                 |  |
|       |   |                 |  |
|       |   |                 |  |

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| NATURE OF ORGANISATION E.G. REGISTERED CHARITY, NON-PROFIT/VOLUNTARY                                      |
|---|
|   |
| REGISTERED CHARITY NO. (IF APPLICABLE)  |
| DATE ORGANISATION SET UP IF WITHIN THE LAST 2 YEARS   |
| ESTIMATED NUMBER OF MEMBERS WHO LIVE IN SWINESHEAD AND AREA   |
| ESTIMATED NUMBER OF VOLUNTEERS WHO LIVE IN SWINESHEAD AND AREA  |
| ESTIMATED NUMBER OF PEOPLE WHO TAKE PART IN THE ORGANISATION'S ACTIVITIES WHO LIVE IN SWIMESHEAD AND AREA |
| PURPOSE FOR WHICH THE GRANT IS REQUIRED   |
| DESCRIBE THE BENEFIT TO THE RESIDENTS OF SWINESHEAD AND AREA  |
| IS THIS A ONE-OFF OR ON-GOING PROJECT?  |
| TOTAL COST OF PROJECT   |
| AMOUNT REQUESTED IN THIS APPLICATION  |
| DESCRIBE WHAT CONTRIBUTION WILL COME FROM THE ORGANISATION'S OWN RESOURCES (FINANCIAL OR IN KIND)         |
|   |
|   |

## SWINESHEAD PARISH COUNCIL GRANT POLICY APPLICATION FORM

| GRANTS ALREADY RECEIVED FROM OTHER BODIES FOR THIS PROJECT - GIVE NAME AND AMOUNT                         |
|---|
|   |
| APPLICATIONS MADE TO OTHER BODIES WHICH ARE AWAITING OUTCOME - GIVE NAME AND AMOUNT                       |
|   |
| DATE THE PROJECT/WORK WILL START  |
| EXPECTED COMPLETION DATE (IF APPLICABLE)  |
| Please post or amail this back to the Clark of the Council, your application will be considered at the mo |

Please post or email this back to the Clerk of the Council, your application will be considered at the meeting of the Parish Council after it has been received

Swineshead Parish Council 1-2 North End Swineshead PE20 3LR

swinesheadpc@gmail.com