Acol Parish Council

Grant Application Form

Name of organisation:		
Address of organisation:		
Name of contact:	Telephone:	
Address of contact (if different from above):	Email:	
Reason for application – Give a description of the have been considered as per the Grant Scheme P Acol:		
Total anticipated cost of the project / event?		£
How much funding is requested from the Parish Co	ouncil?	£
What additional funding is required?		£
Where is any additional funding coming from?		
Sort code of account grant is to be paid into if appr	roved	
Account number		
Declaration: I hereby declare that I have the authority to submit above and that all information provided is true and account any forms relating to this application which	curate to the	e best of my knowledge. I agree to complete
Signed:	Date:	
Name & Status (i.e. Chair/Chairman, Secretary etc	e):	