**CORRINGHAM PARISH GRANT/DONATION APPLICATION FORM**

*Please ensure you have read the terms and Conditions of Award before completing this form.*

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| **Name of Organisation/Group** | | | **Charity Number (if applicable)** | | | | |
|  | | |  | | | | |
| **Applicant Contact Name (in full)** | | | **Applicant Contact Details** | | | | |
|  | | | **Contact Number** |  | | | |
| **Your position in Organisation/Group** |  | | **Contact Email** |  | | | |
| **Address for correspondence relating to this application (including postcode)** |  | | | | | | |
| **Please give details of your organisation/group aims, objectives or activities** | | | | | | | |
|  | | | | | | | |
| **Please tell us the purpose of this grant, to include how it will benefit all or some of the inhabitants of Corringham Parish** | | | | | | | |
|  | | | | | | | |
| **Value of grant you are applying for (£)** |  | **Have you applied or been awarded any other grants for this project/activity?** | | | **YES\*** | | **NO** |
| **Have you previously received a Grant from this Parish Council?** | Y / N | If yes, please give details inc. amount awarded | | |  | | |
| **Please briefly tell us how you will know this grant has achieved its purpose** |  | | | | | | |
| **I/we would like to make a personal presentation to the Parish Council to support this grant application** | | | | | | **Tick if applicable** | |

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| Doc Title: | **GRANT AND DONATION POLICY V1.0** | Reviewed & Approved | May 2024 |
| Issue Date: | March 2022 | Review Date: | MAY 2026 |
| Authority: | Corringham Parish Council |  | Page 6 of 7 |

*Continued*

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| **If successful, the grant cheque should be made payable to:** | |  | | | |
| **It may be possible to make the grant funding electronically, therefore please provide:** | | **Account Name** |  | | |
| **Account Number** |  | | |
| **Sort Code** |  | | |
| **DECLARATION** | | | | | |
| I have completed this form to the best of my knowledge on behalf of the organisation/group stated and the information contained therein is accurate and correct. | | | | | |
| **Full Name (PRINT)** |  | | | | |
| **Signature** |  | | | **Date** |  |

**IMPORTANT**: Please provide a copy of your most recent bank statement or annual accounts when submitting this application form.

Please submit your completed form to: Clerk to Corringham Parish Council

22 Middle Street

Corringham Gainsborough Lincs

DN21 5QS

Alternatively, you can email this form and accompanying documents to: [clerkcorringhampc@gmail.com](mailto:clerkcorringhampc@gmail.com)

If you have any queries relating to the Corringham Parish Council policy or completion of the form, please contact the Clerk via [clerkcorringhampc@gmail.com.](mailto:clerkcorringhampc@gmail.com)

This policy and form are available on the Corringham Parish website via: https://corringham.parish.lincolnshire.gov.uk/

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