

## Application for funding from Easton on the Hill Parish Council

Name of your organisation:

How much are you applying for?

### Section A: Your contact details

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What is the name and address of the main contact person for this application?

Title:                      First Name                      Surname

Role in the organisation/project

Address    Postcode

Day time telephone number

Email address

Please give a second contact

Title:                      First Name                      Surname

Role in the organisation/project

Address    Postcode

Day time telephone number

Email address

## Section B: You're Organisation

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What kind of organisation are you?

- a) Voluntary organisation/community group
- b) Charity (please give charity number)
  
- c) An individual
  
- d) Other

If you have a website, please give your web address:

Should your application be successful, please state how the cheque should be made out:

## Section C: The Purpose of Your Organisation

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What are the main aims and activities of your organisation?

What is the main geographical area that will benefit from the activities?

## Section D: Details of the funding you are requesting.

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Does your project have a name?

Please give a brief description of what want to achieve.

What is the total cost of this project/work? £

Don't forget to include VAT if you are not able to reclaim it

What is the total amount of funding you are applying for from the Council? £

If the total cost is greater than the amount you are requesting, how will you fund the Difference?

Give a breakdown of how you will spend the money you are requesting from Easton on the Hill Parish Council.

What quotes or estimates have you used to work out your costs? Please attach copies to this form.

What's the start date of your project?

What's the finish date?

Give details of all financial support your organisation has previously received from Easton on the Hill Parish Council.

Financial year Description/name of project Amount

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**Section E: People who will benefit from the funding**

How many people will benefit from this funding?

1-10 11-25 26-50 51-100 101-250 251-500 501+

What proportion of those benefiting are resident in Easton on the Hill?

Declaration

I confirm that, to the best of my knowledge and belief, all replies given on this application form are true and accurate.

I have authority from my organisation to make this application.

**I have read the Conditions and agree to be bound by them.**

I understand that I may be required to provide further documentation prior to the Grant being agreed and/or released.

Signed:

Date

Name

**Please complete and return this form to:**

Clerk of Easton on the Hill Parish Council

C/o Hibbins Cottage, The Green, Ketton, Stamford PE9 3RA

Or email to

clerk@eastononthehill-pc.gov.uk

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For council use:

Amount of grant awarded.....

Date.....Minute reference.....

Power used.....

Cheque issued.....