**THURCROFT PARISH COUNCIL**

**SMALL GRANT APPLICATION FORM**

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| **GROUP NAME** |  |
| **ADDRESS** |  |
| **TELEPHONE** |  |
| **EMAIL** |  |

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| 1. **AIMS AND OBJECTIVES OF THE GROUP**
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| 1. **REASON FOR THE REQUEST**
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| 1. **TOTAL AMOUNT REQUESTED.**
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| 1. **HOW WILL THE MONEY BE USED?**
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| 1. **BANK DETAILS FOR PAYMENT OF THE GRANT, IF SUCCESSFUL.**
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***NOTE: If successful, you will be asked to provide receipts for the grant within three months of the grant being issued. If you are unable to provide receipts or the grant has been used which is not for its intended purpose the parish council have the right to request the money be paid back in full.***

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| **NAME:** |
| **SIGNED:** | **DATED:** |

|  |  |  |
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| **OFFICE USE ONLY** | **DATE** | **SIGNED** |
| **GRANT MEETS AWARD POLICY GUIDELINES** |  |  |
| **GRANT CONSIDERED BY FINANCE COMMITEE** |  |  |
| **CHAIR OF FINANCE** |
| **GRANT CONSIDERED BY FULL COUNCIL** |  |  |
| **CHAIR OF COUNCIL** |
| **GRANT PAID/UNSUCCESSFUL** |  |  |