SILVERDALE PARISH COUNCIL



GRANT APPLICATION FORM Sec.137

(Local Government Act 1972)

Please complete this form to apply for a grant from Silverdale Parish Council. If you require assistance or if there is anything that you do not understand you can contact the Parish Council Clerk, who will be happy to help. Completed application forms and **all relevant documents** (see page 5) must be returned at least 10 days before the next meeting to the Parish Clerk, Debra Powell Email clerk@silverdale-staffs-pc.gov.uk who will submit your application to the Council on your behalf. You may send your application electronically by email.

PLEASE RETAIN A COPY OF YOUR APPLICATION

ŲΙ	Contact Details	
Name	of Organisation:	
Addre	ss:	
Post c	ode:	
Teleph	none number:	Email:
Websi	te:	

The main contact person should be someone from your organisation who can discuss the application. Please give a second contact in case the main contact is unavailable.

Silverdale Parish Council will retain the contact details you provide solely for the purpose of processing your grant application.

	Main contact person	Second contact person
Name		
Position		
Telephone Number (if different from above)		
Contact email		
Best time to contact		

Q2	- What type of organis	ation are you? (Please	tick	
	Registered Charity -			
		y - Number:		
		ompany - Number:		
	Community Group/Clu	b/Society		
	Other (Please explain)			
Q3 -	When did your organi	sation start? Please g	ive date:	
Q4 -	What does your ORGA	NISATION do (its ove	erall aim or miss	ion)?
				Continue on a separate sheet if necessary
Q5 -	Please describe how y you serve in plannin		olves people wh	o use the service or the community
				Continue on a separate sheet if necessary
06 -	How many people are	involved in running	our organisatio	nn?
QU		•	our organisation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Management commi	ttee members		
	Full Time Staff			
	Part Time Staff		Volunteers	
Q7 -	What is your ORGANIS	SATION'S annual inco	me?	
Finai	ncial Year:			
Incon	ne (£)	Expenditure(£)		Free Reserves(£)

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Q8 - Describe your project or service Please tell us what you will do with the funding you are applying for.	
, 3, 11, 5	
	nue on a separate sheet if necessary
Q9 - Why is the project or service needed? (Please outline the need for the project or service.)	
Conti	nue on a separate sheet if necessary
Q10 - What will be achieved/what are the outcomes?	
(Tell us what changes, benefits or other effects you expect to happen as a result	of this project or activity.)
Conti	nue on a separate sheet if necessary
Q11 - How will you measure your outcomes/progress/success?	
Conti	nue on a separate sheet if necessary
Q12 - How will your group continue after the proposed funding for this	project has finished?
Continu	ue on a senarate sheet if necessary

Start		Finish			Ongo	ping (please tick)	
	How much will your If you are applying to have given an example.	o other sources for t			please fill	out the table be	low (we
Eg : Na	Source		Tick h	ere (if already d)	£1,500	Amount (£)	
Q15 -	Please provide a bre Parish Council would		l budge	t showing ho	w the fund	ding from Silverd	ale
	lte			Total Cos		Amount requested Silverdale Parish Co	
Tota	l:						

Grant payments are made by CHEQUE or BACS.

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What is the timescale for your project or service?

Your Bank Details:	
Name and address of Ba	nk/Building Society
Account Name (name payr	nent should be made to)
Account Number	Sort Code
Name of Signatories 1	
2	
years?	tion previously received funding from Silverdale Parish Council in the last 3 for monitoring purposes only and will not influence the outcome of your application.)
investigation.	tion or any of its officers been subject to any formal complaints or defurther details on a separate sheet)
 I am authorised to I certify that the info If the information in Parish Council. I give permission for 	make an application on behalf of the above organisation. ormation contained in this application is correct. I this application changes in any way I will immediately inform the Clerk of Silverdale To Silverdale Parish Council to record the details of my organisation electronically and disation by phone, mail or email for any further information regarding this application ssary.
 I am authorised to I certify that the info If the information in Parish Council. I give permission for to contact my organ 	ormation contained in this application is correct. This application changes in any way I will immediately inform the Clerk of Silverdale Silverdale Parish Council to record the details of my organisation electronically and disation by phone, mail or email for any further information regarding this application
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 I am authorised to I certify that the info If the information in Parish Council. I give permission for to contact my organ should this be necession. 	ormation contained in this application is correct. In this application changes in any way I will immediately inform the Clerk of Silverdale or Silverdale Parish Council to record the details of my organisation electronically and hisation by phone, mail or email for any further information regarding this application assary. Date:

☐ A **photocopy** of **one** bank statement from the last 3 months

 \square Names and addresses of all management committee members,

with cheque signatories identified.

We cannot process your

received.

application until they have been

	Depending on the nature of your project or activity, we would expect you to send us additional documents if relevant:
	☐ Child Protection or vulnerable adult protection policy (<i>if you are working with these groups</i>)
	☐ Health and Safety Policy
	☐ Equal Opportunities Policy Statement
ſ	Well done – you've finished. Good luck with your application!
	For Council Use:
	Date of application received: Application number
	Date of submission to Council
	Full amount approved? Yes No
	Part amount approved? Yes No How much? £
	Reasons for refusal or part refusal: