## **NYTHE, ELDENE & LIDEN PARISH COUNCIL**

## **Application for Grant**

Please attach a copy of the latest set of annual accounts showing the organisations income, expenditure and level of balances. If the organisation does not prepare annual accounts, copies of the bank statements covering the previous six months must be enclosed.

| 1. | Name of Organisation   |        |
|----|--|--------|
| 2. | Name of Contact  |        |
| 3. | Address  |        |
|    |  |        |
|    |  |        |
| 4. | Telephone Number of Contact  |        |
| 5. | Is the Organisation a Charity?   | Yes/No |
| 6. | Amount of grant requested  | £      |
| 7. | For what purpose or project is the grant requested?  |        |
|    |  |        |
|    |  |        |
|    |  |        |
| 8. | What will be the total cost of the above project?  | £      |
| 9. | If the total cost of the project is more than the grant, how will the residue be financed? |        |
|    |  |        |
|    |  |        |

| 10.   | Have you applied for grant for the same project to another organisation? |  |  |
|---|--|--|--|
|   | If so, which organisation and how much?                                  |  |  |
|   |  |  |  |
|   |  |  |  |
| 11.   | Who will benefit from the project?                                       |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| 12.   | Approximately how many of those who will benefit are parishioners?       |  |  |
|   |  |  |  |
| You may use a separate sheet of paper to submit any other information which you feel will support this application. |  |  |  |
| Signed  |  |  |  |
| Date  |  |  |  |
|   |  |  |  |
| Please return the form to :   |  |  |  |
| Nythe, Eldene & Liden Parish Council, c/o Liden Library, Barrington Close, Liden, Swindon, SN3 6HF                  |  |  |  |

Or email to <a href="mailto:clerk@nytheeldeneliden-pc.gov.uk">clerk@nytheeldeneliden-pc.gov.uk</a>