



# WEST WINCH PARISH COUNCIL

## GRANT APPLICATION

Date of Application: \_\_\_\_\_

Name of organisation applying: \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Web address: \_\_\_\_\_

List any previous support from this funder in the last 5 years: \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant (*continue on separate page if necessary*) \_\_\_\_\_

\_\_\_\_\_

Dates of the Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

List any other Grants applied for / received for this Project: \_\_\_\_\_  
(*continue on separate page if necessary*)

\_\_\_\_\_

\_\_\_\_\_  
*Signature of person applying for Grant*

\_\_\_\_\_  
*Name and Position held*

*Return this form to the West Winch Parish Council Clerk.*