

**Bardwell Parish Council
Grant Application Form**

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| Name and Address of Organization |
| Name of Contact |
| Address |
| Telephone Number |
| Email Address |
| <i>I declare that the information given in this form is correct and complies with my organization's governing document.</i> |
| Signed on behalf of organization |
| Position within organization |
| Date |
| Please be aware that the Parish Council may request additional information to support your application. |
| Please return the completed application form to: Mrs P A Smith Clerk to Bardwell Parish Council Lavender Barn, Bowbeck Bardwell Bury St Edmunds Suffolk IP31 1BA If you have any questions, please contact the Clerk: Email: bardwellpc@gmail.com Telephone: 01359 221934 |
| Subject to date of receipt, your application will be included on the agenda to be considered at the next appropriate scheduled Parish Council meeting. Please be aware that the Parish Council may need to request additional information from you before considering this application/making a decision. |

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| 1 | <p>Is your organization a registered charity? If YES: Please state charity registration number</p> <p>If NO: Who Owns, Manages or Responsible for the organization?</p> |
| 2 | <p>Current level of funding How is your organization funded generally?</p> |
| 3 | <p>Does your organization receive/rely on annual grants and donations? If YES, please provide details</p> |
| 4 | <p>Please state the amount of grant you are applying for from the Parish Council</p> |
| 5 | <p>What will the grant be used for?</p> |
| 6 | <p>Describe the location of where the money will be spent</p> |
| 7 | <p>If the grant is for a capital project: Is planning permission required ?</p> <p>If Yes: Has an application been submmitted/Planning permission granted? <i>(If not applicable please state N/A)</i></p> |
| 8 | <p>How will the grant benefit the village? Please provide details of who and how many residents will benefit, and what will be achieved as a result of the grant.</p> |
| 9 | <p>Project costs - Please tell us what the total cost of your project will be</p> <ul style="list-style-type: none"> i. Purchase of Equipment ii. Other Expenses iii. Estimated total cost iv VAT v. Total cost of project |
| 10 | <p>If applicable, please indicate how the remainder of the cost will be funded <i>(If the amount of the grant from the Parish Council is less than the total cost, we need to know how the remaining funds will be raised,)</i></p> |

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| 11 | Further considerations/Risks |
| | Will this project require regular or further funding? If YES: How will these funds be raised? |
| 12 | Who will own the assets paid for by this grant? |
| 13 | If the project fails to whom and how will the assets paid for by this grant be distributed? |
| 14 | Impact upon existing infrastructure Will this project have an impact upon residents/neighbours/ local infrastructure (eg roads, increased traffic, parking, noise). |
| | If YES , how does your organization intend to respond |
| 15 | <p>Grant Payments Payment of successful grant applications will be made by cheque to the organization's bank account. Under no circumstances will grants be made payable to a personal or commercial business account.</p> <p>Please provide details of your organisation's bank account:</p> <p>Account Title Name and Address of Bank</p> <p>Sort Code Account Number</p> |

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| <i>For Parish Council Use Only</i> | | |
| <i>Date of Receipt</i> | | |
| <i>Additional information required/requested?</i> | | |
| <i>Additional information received: Date</i> | <i>Circulated</i> | |
| <i>Date of Meeting for consideration</i> | | |
| <i>Decision</i> | | |
| <i>Cheque issued: Date</i> | <i>Chq No.</i> | <i>Amount</i> |
| <i>Authorized by:</i> | | |