

Name and Address of grou	ıp:					
Main Contact: Name	Posit	tion		Tel		
Number of members:						
Principal age group(s): un	der 5	5-12	13-17	18-60	60+	All ages
Are you a registered charit If yes, please give name a				ed charity?	Yes /	No
Do you share resources w If yes, please specify:	ith any otl	her grou	ıp? Ye	es / No		
Please describe the main	activities (	of your (	group:			
Please describe what this	grant is to	be use	ed for:			

How will this grant benefit our community?
How will the success of this project be measured?
What is the anticipated total cost of the project?
What amount of Community Grant is being sought?
Will the project require on-going support? Yes / No If so, how will this be provided?
Please describe any other fund-raising activities being undertaken for this project (including other grant applications):
Signed:
Date:
(Give contact details if not signed by the Main Contact named above)

## Notes:

- 1. Applications for Community Grant should be submitted to be received by the Council no later than 25th September 2017.
- 2. Applicants should be aware that agreed grants will not be paid until the beginning of the following financial year (1st April 2018).
- 3. Emergency applications for Community Grant must be supported by evidence of that emergency.
- 4. Applications should be supported by the latest accounts and current balance sheet for your group.

5.	The decision	of the Parish	Council	regarding	applications	for funding	will be final.
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Please return completed form to: Bob Lunn, Clerk to the Parish Council, 14 Walnut Close, Urchfont, Devises, SN10 4RU - Email: <a href="mailto:clerk@urchfont-pc.gov.uk">clerk@urchfont-pc.gov.uk</a>

For UPC use only Value of award:	
Notes/comments:	