

ALLITHWAITE AND CARTMEL PARISH COUNCIL

Discretionary Grant Application Form

Email: clerk@allithwaiteandcartmel-pc.gov.uk

Name of Group / Organisation:	
Main Contact Name:	
Contact address:	
Daytime phone number of contact:	
Contact e-mail address:	
Are you a newly formed group? (less than 1 year)	Yes No
How long has your group been operating?	
Do you have a voluntary management committee / steering group?	Yes No
Are you a registered charity? If yes, please include your charity number	Yes No
Charity Number:	
Does your group have an equal opportunities policy / statement?	Yes No

Please describe your gr	oup's ma	in activities:				
low much are you apply	ying for?					
What is the grant for?						
How will Allithwaite aı	nd Cartmo	el benefit fro	m it?			
Do you have any other	sources of	f funding?			Yes	No
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If yes please provide de	etails:					
If successful, your grant	will be no	id by Internet	· Rank and/or o	shaqua navm	ont nla	asa provida the
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Account Name						
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Please read the following important terms and conditions carefully. By signing this form, you are confirming that:

- You are an official representative of your group and are authorised to apply for funding on their behalf.
- Your details can be held by Allithwaite and Cartmel Parish Council in accordance with the Data Protection Act to administer the grants process.
- You have read and understood the council's Grant Policy, available on the Council's website: www.allithwaiteandcartmel.co.uk/publications.
- The information provided in this application is a fair and accurate description of your group and the
 project for which you are seeking funding. Misleading or inaccurate information may result in your
 application being rejected. Late application or failure to complete any section of the application
 form may result in your application being delayed or rejected.

Signed on behalf of applicant:	Date:	
Name (Block Letters Please):	 _	
Position in Group:		