

Grant Application Form

Organisation Name:	
Contact Name:	
Contact Details: (Please in	nclude address, contact telephone no. and e-mail)
Tel No: Details of your organisa How may people/members are invo	e-mail: ation: olved in your group, what you do in the community etc.

I certify that all the information given on this form is true and correct at the time application and I am authorised to make this request on behalf of the organisation named.	e of
Signed:	••••
Date:	
Position held:	
Please attach/submit any financial documents (last 3 bank statements/accounts) to suppour application and to clarify your need for funding. Please return this form to:	port
Lesley Ede, Secretary, Boxford Community Council:	
laede@tiscali.co.uk (07739536802)	
at least 5 days the date of the meeting.	
A representative from your organisation should be available to attend the meeting and pre your funding application.	sent
Details of the Project for which you are applying Please give specific details of the project which requires the funding, who will benefit from it etc.	
Total Cost of the Project and how much you are applying for Please tell us how much project cost is in total. Also how much are you asking the Community Council to provide	

Have you applied to any other organisations for support? If you have applied to anyone else for funding please could you tell us who. Also, if they have they agreed to support your project? What other fundraising opportunities are you utilising to help raise money towards the total amount needed.
Supporting Information If there is anything else you would like us to know please enter it here or add as an appendix

BoxfordCommunityCouncil@gmail.com www.boxford.me.uk

Registered Charity No.: 304862