APPLICATION FOR FINANCIAL ASSISTANCE TO CALVER PARISH COUNCIL

1. Name of Organisation:
2. Name and Address of Correspondent (and office held):
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3. What are the objectives of your organisation?:
4. Is membership/support open to any resident of Calver Parish Council, regardless of sex, age, ethnic origin, religion, disability or sexual orientation?:
5. Amount of grant applied for £ :
6. Purpose for which money will be used. Please explain clearly and simply the reason for your request:
7. Have you applied for grant aid to any other organisation (including local authorities)? If so, to whom (please give details of the decision on your application):

8. Is there anything else you wish the Parish Council to take into according this application?	ount

I agree to the Principles of Grant Aid as set out by Calver Parish Council

Signed Dated

Please return this form to Simon Oldham, Clerk Calver Parish Council, c/o 20 Daleview Road, Sheffield, S8 0EJ or by e-mail calverpc@gmail.com