TROTTISCLIFFE PARISH COUNCIL GRANT APPLICATION FORM

Please complete this form and attach any other relevant information and post to Trottiscliffe Parish Council, c/o Louise Goldsmith, 5 Artisan Road, Headcorn, TN27 9AZ or email to clerk@trottiscliffeparishcouncil.org

Title/Organisation	
Contact Details	
Telephone/Email	
Please attach an explanation on the amount of grant requested, why you are grant and the potential benefits for the residents of the parish.	applying for a
If possible, include the number or percentage of members that belong to the and live within Trottiscliffe Parish.	organisation
If applicable, registered charity reference number	
Have you included a copy of the last year end accounts?	YES/NO
Have you included the bank details?	YES/NO
Are there any restrictions placed on who can use/access the services	YES/NO.
Please supply details of any restrictions in your explanation.	
This application will not be accepted unless the organisation's Equality and Dirattached or the following (which is the Parish Council's equal opportunities statistically as an acceptance of the principles.	•
"No service user, employee or job applicant will be discriminated against or refavourable treatment on grounds of gender, race, colour, ethnic or national or marital status, family commitments, sexual orientation, age, chronic medical or religious or political beliefs, social class or trade union activity.	rigin, disability,
Signeddate	

Statement	of	underst	tanding.
June		anaci s	

I have read and understood the Trottiscliffe Parish Council Grants Policy and Procedure information, and if a grant is awarded the organisation agrees to abide by the conditions outlined.

Signed	date
Position in organisation	
Name of Applicant	
Address	
7 (4 (1) 253	
Signed	. Date

Please return to Louise Goldsmth, Clerk and Responsible Finance Officer.