

ASHINGDON PARISH COUNCIL



Clerk to the Council:

Mrs Kath Parkin
51 Rochford Garden Way
Rochford
Essex
SS4 1QH

Tel: 07950 947731

Email: clerk@ashingdonparishcouncil.gov.uk

Grant Application Form

About your organisation/group:

Name: _____

Address: _____

Postcode: _____

Website: _____

When did you start? (month/year): _____

Contact person:

Name: _____

Address: _____

Postcode: _____

Position in organisation/group: _____

Telephone number (daytime/evening): _____

Email address: _____

Grant Information

How much are you requesting? _____

What would you like the grant for? _____

How will it benefit the area? _____

What ages will benefit from this grant?

0 – 24 years ☐ 25 – 64 years ☐ 65+ ☐ All ages ☐

How much is your organisation contributing to this project? _____

Other information

Please enclose a copy of your last audited accounts, or if you are a new group, explain what your costs will be and show how you will meet them _____

Have you applied to the Parish Council before? If so, please give the date. _____

Any further information you would like to submit: _____

Signature: _____

Name: _____

Date: _____

Please return your completed application to the address at the top of this form. For further information please contact the parish clerk.