

Goxhill Grant Scheme

Name of group:									
Main group contact: (full name and title)									
Position in group									
Address									
Telephone									
E-mail									
Provide a detailed description of the project and who will benefit from it									
Say how you know there is a need for your project									
What are the full costs of the project (including VAT if applicable)									
Where is other funding for the project to come from? (Tell us the name of the funder and the amount you expect from them)	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Funder</td> <td style="text-align: right;">£.....</td> </tr> <tr> <td>Funder</td> <td style="text-align: right;">£.....</td> </tr> <tr> <td>Funder</td> <td style="text-align: right;">£.....</td> </tr> <tr> <td>Funder</td> <td style="text-align: right;">£.....</td> </tr> </table>	Funder	£.....	Funder	£.....	Funder	£.....	Funder	£.....
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Please tell us the stage at which your other									

applications are at, i.e just applied, awaiting outcome of application or funding confirmed.	
What contribution to these costs would you like from the parish council?	
Is this contribution for a specific element of the project?	
What is the structure of your organisation?	Constituted group <input type="checkbox"/> Informal group <input type="checkbox"/> Registered charity <input type="checkbox"/> Other <input type="checkbox"/> Please give details below

Supporting information checklist

Where relevant, please ensure that the following documents are submitted with your application (accounts and bank statements must always be submitted).

	Tick to confirm enclosure
Group constitution or set of rules	
Copy of the most recent/audited accounts	
Three most recent bank account statements	

Please return to:

PARISH CLERK – VICKY HAINES
GOXHILL PARISH COUNCIL, HOWE LANE, GOXHILL, DN19 7HS
 Email: goxhillparishcouncil@gmail.com
 Telephone: 07842 396827