## **ROLVENDEN PARISH COUNCIL GRANT APPLICATION FORM**

Please complete this form and attach any other relevant information and post to Rolvenden Parish Council, c/o Louise Goldsmith, 5 Artisan Road, Headcorn, TN27 9AZ or email to rolvendenclerk@gmail.com

| 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.  | re applying for a     |
| If possible, include the number or percentage of members that belong to the and live within Rolvenden.  | ne 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 attached or the following (which is the Parish Council's equal opportunities signed as an acceptance of the principles.  | •                     |
| "No service user, employee or job applicant will be discriminated against or favourable treatment on grounds of gender, race, colour, ethnic or national marital status, family commitments, sexual orientation, age, chronic medical religious or political beliefs, social class or trade union activity. | l origin, disability, |
| Signeddate  |                       |

| Statement of a | understand | ding. |
|----------------|------------|-------|
|----------------|------------|-------|

| I have read and understood the Rolvenden Parish Council Grants Policy and Procedure      |    |
|--|----|
| information, and if a grant is awarded the organisation agrees to abide by the condition | iS |
| outlined.  |    |

| Signed                   | date |
|--------------------------|------|
|                          |      |
| Position in organisation |      |
|                          |      |
|                          |      |
| Name of Applicant        |      |
| Traine of Approach       |      |
| Address                  |      |
| Address                  |      |
|                          |      |
|                          |      |
|                          |      |
| Signed [                 | Date |

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