



**WINDLESHAM PARISH COUNCIL  
GRANT APPLICATION FORM  
COUNCILLOR COMMUNITY PRIDE  
Please complete all details in BLOCK CAPITALS**

Name of Organisation	
Registered Charity Number (if applicable)	
Contact Name	
Position within the organisation	
Telephone number	
Address of organisation	
Postcode	
Email address	
For what purpose/project is the grant requested?  What is the evidence/need for the purpose/project?	
Total cost of purpose/project	£
Amount of grant requested:	£

Name of Councillor supporting your application	
Supporting Councillors Signature	

Statement of understanding: I have read and understood Windlesham Parish Council's Grant Awarding Policy and if our organisation's application is successful we agree to abide by the conditions:

Signed.....

Name.....

Position in organisation.....

Date.....

NB. If your bid is successful you will need a bank account in the name of your organisation. If you have any queries please contact [clerk@windleshampc.gov.uk](mailto:clerk@windleshampc.gov.uk).

The completed form should be returned to The Clerk to Windlesham Parish Council, The Council Office, The Avenue, Lightwater, GU18 5RG or to one of the Parish Councillors.

**For official use**

Date Received	
Date of Council meeting	
Council decision	Fund / Fund in part / Reject
Amount to be funded	£
Date of notification of decision	
Minute number	