

Name of Organisation/Group

WINDLESHAM PARISH COUNCIL

COMMUNITY PRIDE

GRANT APPLICATION FORM

Please complete all details in BLOCK CAPITALS

Contact Name	
Position within the organisation/group	
Telephone number	
Address of organisation/group	
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:	£
<u> </u>	
Statement of understanding: I have read and u	
Grant Awarding Policy and if our application is	successful, we agree to abide by the
conditions:	
Signed	
Name	
Name	
Name	
Name Position in organisation	

Jale	
Name of Councillor supporting your application	
Supporting Councillors	
Signature	

NB. If your bid is successful you will need a nominated bank account to receive the funds. If you have any queries please contact 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	