



Wem Rural Parish Council

Community Grant Application Form

Please refer to the Grants Policy before completing this form to check your eligibility and conditions of the grant. Available to download from www.wemrural-pc.gov.uk/wp-content/uploads/2024/01/Grant-Policy.pdf

1	Contact Details
<p>NAME OF CONTACT PERSON:</p> <p>POSITION IN ORGANISATION:</p> <p>ADDRESS:</p> <p>TEL NO:</p> <p>FAX NO:</p> <p>EMAIL ADDRESS:</p>	

2	Your Organisation or Group Details
<p>NAME OF ORGANISATION OR GROUP:</p> <p>ADDRESS:</p> <p>DESCRIPTION OF ORGANISATION OR GROUP:</p> <p>HOW DOES IT BENEFIT THE RESIDENTS OF THE PARISH?</p> <p>DATE WHEN FORMED:</p> <p>WHERE DOES YOUR ORGANISATION OR GROUP NORMALLY MEET?</p>	

HOW REGULARLY DOES YOUR ORGANISATION OR GROUP NORMALLY MEET?

3

Grant Application Details

BRIEFLY DESCRIBE THE PROJECT OR PURPOSE FOR WHICH YOU REQUIRE A GRANT.
PLEASE STATE HOW IT WILL BENEFIT THE LOCAL COMMUNITY:

WHAT IS THE TOTAL COST OF THE PROJECT?

WHAT IS THE SIZE OF GRANT YOU ARE APPLYING FOR?

IF APPLICABLE, HOW DO YOU INTEND TO FUND THE BALANCE OF THE PROJECT?

HAVE YOU APPLIED TO ANY OTHER ORGANISATION FOR A GRANT FOR THE SAME PROJECT?
IF YES, PLEASE GIVE DETAILS INCLUDING UNSUCCESSFUL APPLICATIONS.

WILL THE PROJECT INCUR ONGOING MAINTENANCE AND/OR RUNNING COSTS?
IF YES, PLEASE GIVE DETAILS OF FUNDING

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4	Declaration
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I declare that the information given in this application is correct and if the application of successful, agree to adhere to the conditions laid out in the Wem Rural Parish Council’s Community Grants Policy, a copy of which I have received.

I enclose with this application:

- **Copies of audited or independently examined accounts for the last two years**
- **Supporting evidence of the cost of the project (eg invoices or estimates)**
- **Copies of the minutes of the last AGM and the latest meeting.**

and (if it is your first application to the Council)

- **A copy of our constitution, set of rules or statement of aims and objectives**

On behalf of (insert name of organisation or group)

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Signed Date

Position in organisation or group

Please include any other information which you consider would support your application (eg additional literature, leaflets, annual reports)

After completion, please return to:

The Clerk
4 Bazeley Way
Wem
SY4 5QN

For Parish Council use only	
Date Received:	Date of Council Meeting:
Decision:	Minute Number: