

# Cliffsend Parish Council

## Parish Grant (Organisations) Application Form

Name of organisation

*Please note: If your application is successful, cheques will be made payable to the above.*

Address of organisation

Name of contact

Telephone

Email

Fax

Address of contact (if different from above)

Reason for application – brief project/event description

How much is requested from Cliffsend Parish Council?

£

Total project/event cost (if applicable)

£

### Declaration

I hereby declare that I have the authority to submit this application on behalf of the organisation detailed above and that all information provided is true and accurate to the best of my knowledge. I agree to complete and return any forms relating to this application which are sent to me in the future.

**Signed:** ..... **Date:** .....

**Name (Block capitals):** .....

**Status (e.g. Chairperson, Secretary):** .....

Please return to Mrs Alison Willoughby-Browne/Clerk – Cliffsend Parish Council, Cliffsend Village Hall, Foads Lane, Cliffsend CT12 5JH, clerk@cliffsendpc.org