

# South Heighton Parish Council

parishcouncil@southheighton-pc.org.uk • 07432 478247 • www.southheighton-pc.org.uk

## Grant Application Form

**NOTES TO HELP YOUR APPLICATION:** Please answer as many questions as possible, even though some may not be completely relevant to your organisation. All the information you provide helps us consider your application, so if a question is not applicable, do please tell us why.

South Heighton Parish Council has only limited powers to pay grants to local groups and those we have are set out in law. Our only income is derived, ultimately, from the Council Tax paid by Parish Residents. It is vital, therefore, that the purpose of your grant has a community benefit to “a number of local residents.”

The grant you request must be for a specific purpose carried out by your group and not simply “general fund-raising” or “overheads.” Your group must be “not for profit,” with membership and activities based (wholly or largely) in South Heighton Parish or for the benefit of South Heighton Parish.

The Parish Council sets aside a limited sum of money to finance grants each year and applications may be submitted at any time.

<b>1</b>	NAME OF YOUR GROUP
<b>2</b>	YOUR GROUP'S MAIN AREA(S) OF ACTIVITY
<b>3</b>	NAMES, ADDRESSES AND TELEPHONE NUMBERS FOR YOUR KEY OFFICIALS, e.g. CHAIRMAN, SECRETARY AND/OR TREASURER
<b>4</b>	HOW LONG HAS YOUR GROUP BEEN ESTABLISHED IN THE PARISH/LOCAL AREA?
<b>5</b>	HOW MANY MEMBERS DO YOU HAVE? WHAT IS THE ANNUAL SUBSCRIPTION PAID BY MEMBERS?
<b>6</b>	ARE YOUR GROUP'S ACTIVITIES OPEN TO RESIDENTS OF SOUTH HEIGHTON PARISH WHO ARE NOT MEMBERS?

<b>7</b>	DESCRIBE YOUR MAIN FUND-RAISING ACTIVITIES.
<b>8</b>	HOW MUCH GRANT WOULD YOU LIKE AND FOR WHAT PURPOSE?
<b>9</b>	WHAT IS THE FULL COST OF THE ACTIVITY AND WHAT PERCENTAGE WILL THE GRANT FUND, IF AWARDED, CONTRIBUTE TO THE TOTAL COST?
<b>10</b>	HAVE YOU APPLIED FOR GRANTS FROM OTHER BODIES? IF SO, PLEASE LIST THE ORGANISATION(S) YOU HAVE APPLIED TO, THE AMOUNT APPLIED FOR AND THE CURRENT STATUS OF YOUR APPLICATION, e.g. IF APPROVED, THE AMOUNT AWARDED.
<b>11</b>	HOW MANY SIGNATURES ARE REQUIRED TO SIGN YOUR ORGANISATION'S CHEQUES OR AUTHORISE PAYMENTS?
<b>12</b>	DO YOU HAVE ANY OTHER COMMENTS TO SUPPORT YOUR APPLICATION?
<b>13</b>	IF YOUR APPLICATION IS SUCCESSFUL, TO WHOM SHOULD THE CHEQUE BE MADE PAYABLE AND WHERE SHOULD WE SEND IT?

<b>14</b>	PLEASE PRINT THE NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS OF THE PERSON COMPLETING THIS FORM.

SIGNED .....

PRINT NAME .....

POSITION IN ORGANISATION.....

DATE .....

**Please enclose (or attach, if by email)**

- **A copy of your Group’s constitution or rules**
- **Your most recent audited financial statement or accounts**

PLEASE SCAN AND EMAIL THE COMPLETED APPLICATION FORM TO:

parishcouncil@southheighton-pc.org.uk

Or send by post to:

Mrs Stephanie Mills  
 Parish Clerk  
 South Heighton Parish Council  
 10 Bromley Road  
 Seaford  
 East Sussex  
 BN25 3ES