Text

Description automatically generated

**THE IVERS PARISH COUNCIL**

**Grant Application Form**

Please complete this form and attach the relevant information and send to:

The Clerk, The Ivers Parish Council, 45B High Street, Iver.

[enquiries@iversparishcouncil.gov.uk](mailto:enquiries@iversparishcouncil.gov.uk)

|  |  |
| --- | --- |
| Name of Organisation |  |
| Position within organisation |  |
| Address |  |
| Telephone |  |
| Email |  |
| Date of application |  |
| Is your organisation a registered charity or registered with HMRC as a charitable organisation? | Yes  / No |
| If yes, charity number/reference |  |
| Title of Project for which grant is required |  |
| Total Cost |  |
| Have any funds been requested from other sources?  If so which? | Yes  / No |
| Success/failure of application, and amount requested |  |
| Amount of grant requested from The Ivers Parish Council |  |
| Start Date |  |

|  |  |
| --- | --- |
| Briefly describe the project / purpose for which you require a grant. | |
|  | |
| How will the project or activities benefit the residents of The Ivers?  Please include estimates of the number of Iver residents that will receive a direct benefit from the project or activities. | |
|  | |
| Please provide a breakdown of the costs of your project. | |
|  | |
| I attach a copy of our annual accounts. | Yes  / No |
| This organisation has a constitution/set of aims and objectives which can be viewed if required. | Yes  / No |
| If membership of your organisation is restricted, please provide details. | |
|  | |

**Declaration of acceptance**

I declare that all information provided to the Parish Council as part of the grant application is accurate and complete to the best of my knowledge. I understand that the Council may refuse any application containing inaccurate or misleading information.

I declare that any grant made will be used solely for the purposes outlined in this application. I understand that The Ivers Parish Council reserves the right to reclaim the grant in the event of it not being used for the purpose specified.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

Please send the completed application form along with all supporting documentation to:

The Parish Clerk

The Ivers Parish Council

45B High Street

Iver

SL0 9ND

Telephone: 01753 655331

Email: [enquiries@iversparishcouncil.gov.uk](mailto:enquiries@iversparishcouncil.gov.uk)