



SHENSTONE PARISH COUNCIL

Serving Little Aston, Shenstone, Stonnall, Shenstone Wood End.
Parish Council Office 25C Main Street Shenstone WS14 0LZ

Tel: 01543 481 947 e-mail: admin@shenstone-staffs.gov.uk
web: www.shenstone-staffs.gov.uk

COMMUNITY GRANT APPLICATION FORM 2023-24

Name of Organisation:

Address:

Telephone Number

Email:

Charity Number (if applicable):

Contact Name & Position in Organisation:

Address (if different from above):

Telephone Number (if different from above):

Information in support of application:

Approximate Cost of Project:

£

Amount you are applying for from Shenstone Parish Council:

£

Other funding applications (pending, approved or awarded:

Name of Funding Source:

Amount

	£

<p>Please tick to confirm you have enclosed a copy of your organisation's:</p> <p><input checked="" type="checkbox"/> most recent accounts -</p> <p><input checked="" type="checkbox"/> most recent bank statement(s) for <u>all</u> bank accounts</p> <p><input checked="" type="checkbox"/> Constitution – if applicable</p> <p>Please supply the following information in order for the grant to be paid into your organisation's bank account: Account Name: Account Number: Bank Sort Code:</p>	<p>For official use only- inspected and approved:</p> <p><input type="checkbox"/> most recent accounts</p> <p><input type="checkbox"/> most recent bank statement(s) for <u>all</u> bank accounts</p> <p><input type="checkbox"/> Constitution</p> <p><input type="checkbox"/> Application approved</p> <p><input type="checkbox"/> Application declined Reason:</p>
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DECLARATION	
<p>This declaration must be signed by an authorised person within the organisation or group, e.g. Committee Member, Office Holder or Trustee.</p> <ol style="list-style-type: none"> 1. I am authorised to make the application on behalf of the above organisation. 2. I have read and noted the Council's criteria relating to this application and agree to abide by the conditions listed if a grant is awarded by the Parish Council. 3. I certify that the information contained in this application is correct. 4. If the information in the application changes in any way, I will inform the Parish Council. 5. I give permission for the Parish Council to record the details of my organisation electronically and to contact my organisation by phone, mail or email regarding this application. 6. If the application is successful, I give permission for the Parish Council to publicise the project/activity in the local media and on its website. 7. I agree to provide written confirmation of receipt of the grant. 8. I agree to provide written confirmation of how the grant was spent. 9. I agree to repay any grant not used for the purpose specified on the application form. 	
Signed:	Date:

CLOSING DATE FOR COMPLETED APPLICATIONS 11th JANUARY 2024.