

Grant Application Form	
Date:	
Name of Organisation	
Name of contact person	
Organisation Address and contact number	
E-mail for organisation	
How long has your organisation has been active?	
Please tick the boxes to confirm you are submitting all of the following with your completed application:	Governing Document e.g. Constitution/Terms of Reference <input type="checkbox"/>
	Management Group or Committee Membership details <input type="checkbox"/>
Annual Turnover of your organisation	£
Your Grant Project:	
Name of project or activity?	
<u>Who</u> is it for? and <u>where</u> is it happening? (500 words max.)	<i>E.g what neighbourhood?, age group? community of interest?</i>
How will residents in West Swindon benefit from this? (500 words max.)	<i>Describe the benefits to West Swindon residents:</i>
When you aim to start and finish?	
What funding are you requesting from the Parish Council?	<i>List of items and amounts:</i>
Please detail any match funding you will bring to the project e.g. donations, in kind funding, volunteer hours.	
<p>Thank you. Please return your form in person, post or email to: Grants, West Swindon Parish Council, to the contact details at the top of the form</p>	