

# FENSTANTON PARISH COUNCIL

## Grant aid application form

### Your details

NAME OF VOLUNTARY ORGANISATION OR CHARITABLE BODY	
CONTACT NAME	
POSITION WITHIN ORGANISATION	
CONTACT ADDRESS	
CONTACT TELEPHONE NUMBER	
E-MAIL ADDRESS	
AMOUNT REQUIRED	£
DESCRIPTION OF PROJECT	
DESCRIPTION OF DIRECT BENEFIT TO THE PARISH	
TOTAL COST OF YOUR PROJECT	
HAVE YOU APPLIED FOR, BEEN PROMISED OR RECEIVED ANY OTHER GRANTS OR DONATIONS FROM ELSEWHERE FOR THIS PROJECT?	YES / NO
ANY OTHER COMMENTS WELCOME	

### Organisation's bank details

NAME OF BANK ACCOUNT TO BE CREDITED							
ACCOUNT NUMBER							
SORT CODE			-			-	