

BINFIELD PARISH COUNCIL

GRANT APPLICATION FORM – November 2024

Each year, Binfield Parish Council, considers requests for Grants to support the work of its local organisations. Grants are made by the Council in the interests of its local area and its residents.

If you wish your organisation to be considered for a Grant please complete the details requested below.

Closing Date: 27th October 2024 - Applications received after this date will be considered at the next Grant Applications date of June 2025. Submit your form by post to Binfield Parish Council, Benetfeld Road, Binfield, RG42 4EW or via email to office@binfieldparishcouncil.gov.uk - should you have any queries please call us on 01344 454602.

			CONTAC	T DET	AILS				
Full Name of Pers Grant on behalf of organisation below	f the named								
Position held in or	rganisation:								
Email:						Tel. No:			
		ABO	UT YOUR	ORGA	NISATION	<u> </u>			
Name of									
organisation: Charity number (it applicable):	f								
Full Address:									
	Post Code:					Tel No:			
Address where organisation hold: meetings if differe to above:									
No of Members:		No of Binfield							
Age Group of Members:									
		GRAN	NT APPLIC	CATIO	N DETAILS				
Amount Requeste	£								
Organisation's bank details - account name, sort code and number (if successful an online payment transfer will be made):									
Copy of previous attached * (please	YES	NO	If applicable, budget forecast attached ** (please circle)				NO		
Please provide	details on how the	organisation	would use	Grant	funding <i>(use i</i>	reverse of this	s form or a s	eparate sheet)	
Ple	ase provide details				organisation a separate she		project abov	/e	
	Please provide d				ants donated b		nisations		
*Please note: Failure	e to include a copy of	the organisation	ons account	s may r	esult in this Gra	nt Application	being delayed	or refused.	
**If a new initiative, a PLEASE ENCIRCL	a budget forecast sho _E:	uld be provide	d.						
YES NO	I have read a	I have read and understand the Grant Policy of Binfield Parish Council.							
YES NO	Upon reques	Upon request I am willing to submit evidence of how Grant Funds were used.							
Signature:						Date:			
Please print nam	 ne:					1			
Data Protection: Your details w								ional communications. At	