



Colsterworth & District Parish Council

Colsterworth and District Parish Council Grant Allocation Application Form.

Please fill in all sections.

Should you wish to expand on a question please enclose additional information separately.

Only one project per application. Declaration at end of form must be signed and dated.

When completed please return this application form to:

Colsterworth and District Parish Council, 42, Bourne Road, Colsterworth, Grantham, Lincolnshire.

Email; clerk@colsterworthanddistpc.co.uk

1. Your organisation	
Name of organisation	
Contact name	
Position in organisation	
Address for correspondence	
Tel No.	
Email address	
2. Details of organisation	
Brief description of your organisations aims	
How long has it been in existence?	
Is it run by a committee?	
If yes, how many committee members?	
Can anyone join?	
If not what are the restrictions?	
How often do you meet?	
Where are meetings held?	
Are they public meetings?	

How many members do you have?	
What percentage of members live within Colsterworth and District Parish?	
3. Purpose of organisation	
Please give a summary of the activities your organisation has undertaken during the last year. If you are a new organisation, give an idea of the activities you wish to undertake.	
Describe how the local community will benefit from your organisation	
4. About the project	
Please give details of your proposed project and what you wish to use any grant awarded for?	
What is the project cost? Provide as much detail as possible	
What is the amount of Grant being requested?	
Have you received or applied for funding from any other source for this project?	
5. Financial details	
Do you receive funding from other sources and if so who?	
If you have previously received a grant from Colsterworth and District Parish Council, please give details.	

Please complete the following declaration

I declare that the information given is correct and agree to adhere to the conditions laid out in Colsterworth and District Parish Council Grants Allocation Policy.

On behalf of _____

I accept the conditions in Colsterworth and District Parish Council Grants Allocation Policy.

Signed _____ Date _____

Position in organisation _____

If the person signing this form is under 18, an adult organisation member must countersign it

Signed _____ Date _____

Please note completion of this form does not necessarily mean that a grant application will be successful in part or whole.

Document control and policy review

Adopted at Colsterworth and District Parish Council Meeting	Date: 1st October 2024
Chairman:	Caroline Hainsworth
Responsible Officer/Clerk	Sue Grant
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Chairman:	Caroline Hainsworth
Responsible Officer/Clerk	Sue Grant
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Responsible Officer/Clerk	Sue Grant
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