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, 14 Hambleton Road, Stamford PE9 2RY.
Email clerk@colsterworthanddist-pc.gov.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	
How much are you requesting from the Parish Council?	
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.	
Anything else the Parish Council should consider in relation to this application.	

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: 6th October 2026
Chair:	Ellis O'Neill
Responsible Officer/Clerk	Nancy Denny (locum)
Document Control: Version	CAD-Grant Application.Oct.2026
Adopted at Colsterworth and District Parish Council Meeting	Date: 6th October 2025
Chair:	Ellis O'Neill
Responsible Officer/Clerk	Sue Grant
Document Control: Version	CAD-Grant Application.Oct.2025
Policy Review Date	October 2026
Adopted at Colsterworth and District Parish Council Meeting	Date: 1st October 2024
Chair:	Caroline Hainsworth
Responsible Officer/Clerk	Sue Grant
Document Control: Version	CAD-Grant Application.Oct.2024
Policy Review Date	October 2025
Adopted at Colsterworth and District Parish Council Meeting	Date: 3rd October 2023
Chair:	Caroline Hainsworth
Responsible Officer/Clerk	Sue Grant
Document Control: Version	CAD-Grant Application.Oct.2023
Policy Review Date	October 2024
Adopted at Colsterworth and District Parish Council Meeting:	Date: 4th October 2022
Chair:	Caroline Hainsworth
Responsible Officer/Clerk	Sue Grant
Document Control: Version	CAD-Grant Application.Oct.2022
Policy Review Date	October 2022