HOLTON-LE-CLAY PARISH COUNCIL

APPLICATION FOR GRANT AID

Name and address of Organisation:	
Name of main contact:	
Address, Telephone Number and email address of main contact:	
Purpose of grant:	
Explain how the grant will benefit all or some of the residents of Holton-le-Clay:	
Amount of grant requested:	
Total cost of project:	

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Explain how the rest of the project will be funded (If requested grant is less than total project cost):	
Estimated start date of project:	
Estimated completion date:	
Any other information you feel will support your application:	
Financial information based on the organisations last audited financial year: (If your organisation does not have a years audited accounts please submit full accounts)	Income for financial year:
	Expenditure for financial year:
	End of year surplus, excluding reserves (If any):
	Reserves held: If reserves exceed one years running cost please provide a full explanation of the purpose of reserves on a separate sheet.

FOR OFFICE USE ONLY

Approved / Not approved	Decision date/ Min No:
Power used:	Authority:
	Signed:
	Date: