**APPLICATION FOR FINANCIAL ASSISTANCE TO CALVER PARISH COUNCIL**

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| **1. Name of Organisation:** |
| **2. Name and Address of Correspondent (and office held):** |
| **3. What are the objectives of your organisation?:** |
| **4. Is membership/support open to any resident of Calver Parish Council, regardless of sex, age, ethnic origin, religion, disability or sexual orientation?:** |
| **5. Amount of grant applied for £ :** |
| **6. Purpose for which money will be used. Please explain clearly and simply the reason for your request:** |
| **7. Have you applied for grant aid to any other organisation (including local authorities)? If so, to whom (please give details of the decision on your application):** |
| **8. Is there anything else you wish the Parish Council to take into account when considering this application?** |
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**I agree to the Principles of Grant Aid as set out by Calver Parish Council**

**Signed Dated**

Please return this form to Simon Oldham, Clerk Calver Parish Council, c/o 20 Daleview Road, Sheffield, S8 0EJ or by e-mail calverpc@gmail.com