

Organisation				Charity N (or N/A)	lo.	
Applicant			Tel	Mobile		
Name				Landline		
Position in Organisation			Email			
Address	Post Code					
Bank Account Number			Sort Co	ode		
Declaration						
I am applying as an officer of and on behalf of the above named organisation and I have read and understood the Terms and Conditions on which the application is made. In the event that any or all of the funding is not required, the organisation shall return any unspent funds within 6 months.						
Signed Date						

Please complete the relevant application form below (a) Capital Projects/Equipment, b) Events and other initiatives or c) Revenue (running costs) and submit this application along with the following:

- 1. Last year's accounts with applications for Capital or Event funding (or a projected income and expenditure sheet if a new organisation). If applying for Revenue funding, please submit accounts for the last *two* years.
- 2. Quotes for all items of proposed expenditure for Capital/Equipment or Event/Other Initiatives funding relating to this application (NB: no grant shall be given for costs already incurred).
- 3. Applications for grants under £100 will not be subject to the requirement to provide financial/governance documents.

Failure to include this information may delay your application.

Please return the form to:The Parish ClerkTelephone:07986 39525327 Bramber SquareE mail: chidhamandhambrookpc@gmail.comRustingtonLittlehamptonBN16 3EJE mail: chidhamandhambrookpc@gmail.com



Capital Projects or Equipment					
Organisation					
Project Title and/or Equipment Required					
Total Project Cost	£		Is Planning N/A /Applied	Permission Required? */Received*	
Funding Requested	£				
What other source(s) of funding are you applying to for this project?**					
£ applied for from the other source(s)?	£ Successful? Yes/No/ Awaited	How much is your organisation contributing?		£	
Please state to what extent the organisation benefits the residents of Chidham & Hambrook Parish. Give details of how many will benefit					
Start Date					
Finish Date					

*If planning permission is required, please provide the application reference number on a separate sheet including stating when a decision is anticipated. If received, please provide the reference number and date permission was granted.

** If none, state none.

For office	Mtg Date	Council Minutes	Agreed?	
use only			Yes/No/Partially	£



Events & Other Initiatives					
Organisation					
Event Title					
Where in Chidham & Hambrook Parish will it be held?			permissi	nave the land owner's ion to hold the event? nited*/ Received*	
Event Cost	£				
Funding Requested	£				
What other source(s) of funding are you applying to for this event?**					
£ applied for from the other	£	How much is your organisation contributing?		£	
source(s)?	Successful? Yes/No/ Awaited				
Please state to what extent the organisation benefits the residents of Chidham & Hambrook Parish. Give details of how many will benefit					
Event Date					
* Please provide f	urther details on a se	parate shee	et.		

** If none, state none.

For office	Mtg Date	Council Minutes	Agreed?	
use only			Yes/No/Partially	£



Revenue Funding (Running Costs)			
Organisation			
Total Annual Budget	£		
Funding Requested	£		
What other source(s) of funding are you applying to in order to meet the budget?*			
£ applied for from the	£		
other source(s)	Successful? Yes/No/ Awaited		
How much is your organisation contributing?	£		
the organisation	organisation require Revenue funding? Please state to what extent on benefits the residents of Chidham & Hambrook Parish. Give many will benefit		
Date(s) of any previous Revenue funding applications:			
£ Awarded:			

For office	Mtg Date	Council Minutes	Agreed?	
use only			Yes/No/Partially	£