



# APPLICATION FOR LARGE GRANT OVER £500 Coxhoe Parish Council

- Please complete the form using black ink
- Please use **BLOCK CAPITALS**
- Please keep a copy of this form for your own records.

## SECTION 1(A)

Information about Your Organisation	
Name of Organisation / Group	<input type="text"/>
Main Contact	<input type="text"/>
Position held in Organisation/Group	<input type="text"/>
Address for Correspondence (including postcode)	
<input type="text"/>	
Telephone	<input type="text"/>
Email	<input type="text"/>

**NOTE:** The applicant must be an authorised representative of the organisation to benefit by the grant

## SECTION 1(B)

**1B (a) How would you describe your organisation/group?** *(Please tick box as appropriate)*

Voluntary or Community Organisation

Registered Charity. Charity No .....

Statutory Service *(e.g. Education, Health, Social Services etc)*

Other *(Please State)* .....

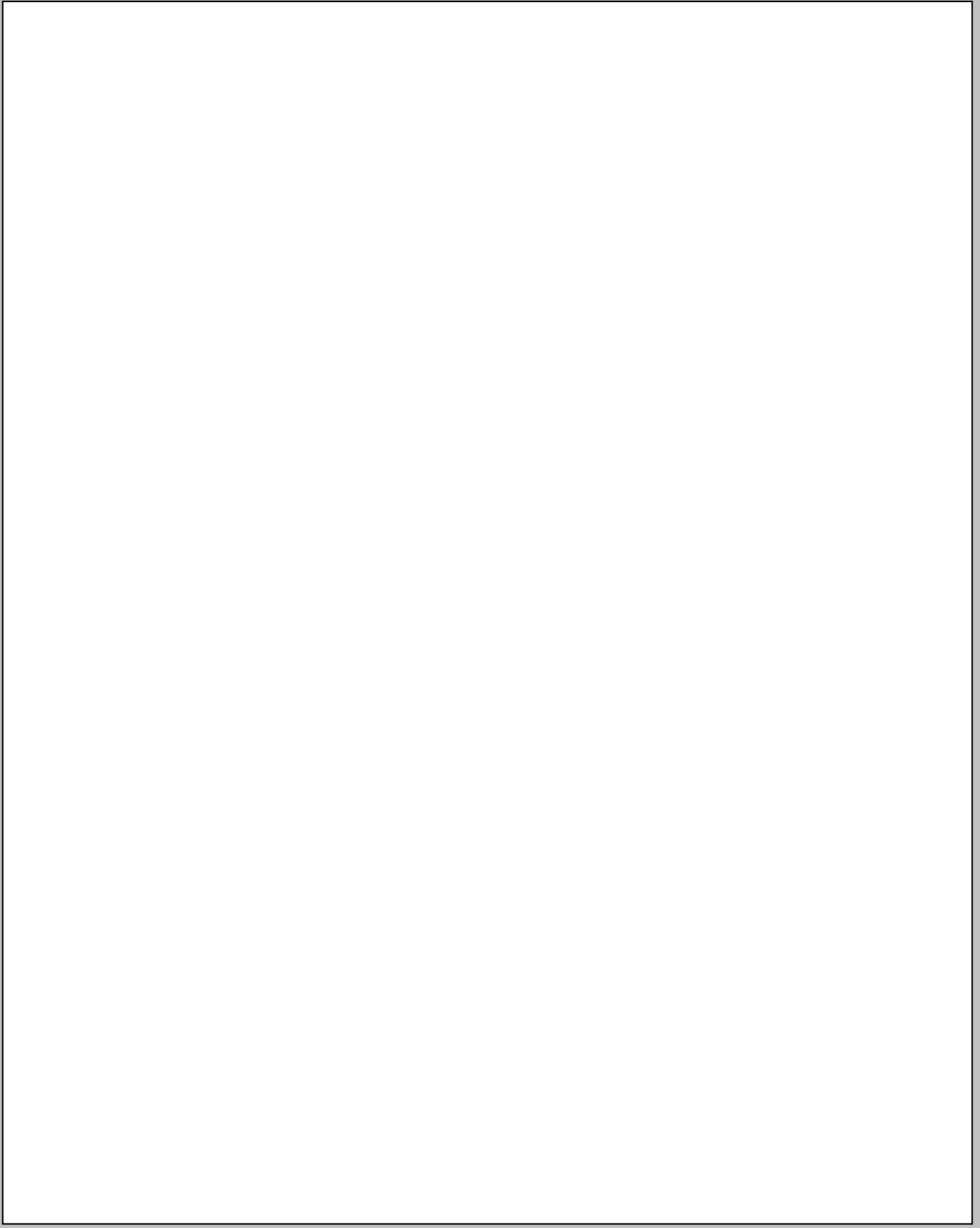
**How many people are on your governing body or Management Committee?**

**Can we please have a copy of:**

- A Bank or Building Society Statement *(Within the last 3 months)*
- Signed Constitution
- Latest Annual Accounts

**SECTION 2**

**Please give details about your organisation, what fundraising you have done and the project you would like funding for (including the location) and the difference it will make:**



**SECTION 3**

**FINANCIAL INFORMATION**

3 a) Please give a breakdown of the total project costs.

Item or Activity	Estimated Cost
<b>Total</b>	

3 b) How much funding are you seeking from Coxhoe Parish Council?

3 c) If the total cost of the project is more than you are requesting please identify the other sources of funding:

Sources of Funding <i>e.g. Local Authority, Charitable Trust, Lottery</i>	Amount £	Secured (yes or no)
<b>Total</b>		

3 d) What is the start date of your project?

3 d) How many people will benefit from this project?

3 d) Has your organisation received any funding from Coxhoe Parish Council in the last three years?

Yes

No

**SECTION 4**

**Signature of Applicant**

**PLEASE NOTE:** Consideration of this application will be delayed if any of the information required has not been supplied.

**Statement:**

I confirm that, to the best of my knowledge and belief, all of the information in this application form is correct, any information found to be false or misleading may lead to the application being withdrawn.

**Signature:**

**Date:**

**Please return the completed form to:**

Geoff Price – Clerk to Coxhoe Parish Council  
Coxhoe Village Hall  
Front Street East  
Coxhoe  
Co Durham  
DH6 4DB

**Tel. 07988 283287**

**Email:** clerk@coxhoeparishcouncil.gov.uk

**Web:** www.coxhoeparishcouncil.gov.uk

**Ref. No:**

*(For Office Use Only)*