



GRANT APPLICATION FORM

_____ (**NAME OF ORGANISATION**)
WISHES TO APPLY FOR FUNDING FROM ASHMANSWORTH PARISH
COUNCIL IN THE SUM OF _____ (**AMOUNT**
REQUESTED).

Please give details below of the reason for this request (continue on separate sheet if necessary).

Please note that we will also require a simple set of your latest accounts to accompany this application (if applicable). This is to ensure that all parish funds are being spent to their best advantage and to satisfy our auditors.

CONTACT DETAILS.

Please provide name, address and telephone number of who to contact in respect of this application.

Name:

Address:.....

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.....
.....

Telephone:

Please provide your organisation's bank account number and sort code:

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PLEASE FORWARD COMPLETED FORM TO: Mrs S Owen, 2 Arkwright Close,
Highclere, Newbury, Berkshire, RG20 9PD (clerk@ashmansworth-pc.gov.uk).

SHOULD YOU HAVE ANY QUERIES REGARDING THE ABOVE:

Please contact the Clerk on 01635 254492.