##### APPLICATION FOR FINANCIAL ASSISTANCE

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| 1. **Name of Organisation:** |
| 1. **Name and address of correspondent (and office held):** |
| 1. **What are the objectives of your organisation?** |
| 1. **Is membership/support open to any resident of Rosliston Parish, regardless of sex, age, ethnic origin, religion, disability or sexual orientation? If not, please give reason:** |
| 1. **Amount of grant applied for £** |
| 1. **What match funding are you able to provide?** |
| 1. **Purpose for which the money will be used. Please explain clearly and simply the reason for your request.** |
| 1. **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):** |
| 1. **Is there anything else you wish the Town/Parish Council to take into account when considering this application?** |
| 1. **Please ensure that you have attached up to date examined accounts in support of this application.** |

**I agree to the Principles of Grant Aid as set out by Rosliston Parish Council**

**Signed Dated**

**Printed**

**Designation**