

# Cliffsend Parish Council

## Parish Grant (Organisations) Application Form

<b>Name of organisation:</b>
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*Please note: If your application is successful, cheques will be made payable to the above.*

<b>Address of organisation:</b>
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<b>Name of contact:</b>
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<b>Telephone:</b>
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<b>Email:</b>
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<b>Fax:</b>
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<b>Address of contact (if different from above):</b>
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<b>Reason for application – brief project/event description:</b>
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**How much is requested from Cliffsend  
Parish Council?**

£
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**Total project/event cost (if applicable):**

£
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**Declaration:**

I hereby declare that I have the authority to submit this application on behalf of the organisation detailed above and that all information provided is true and accurate to the best of my knowledge. I agree to complete and return any forms relating to this application which are sent to me in the future:

**Signed:**.....**Date:**.....

**Name (Block capitals):**.....

**Status (e.g. Chairperson, Secretary):** .....

Please return to Ashley Stacey/Clerk – 3 Rossetti Road, Birchington, Kent. CT7 9ER