

**Pointon & Sempringham Parish Council**

**GENERAL GRANT SCHEME  
APPLICATION FORM: 2024 – 2025**

**This form is only for General Grant applications being considered between April 2024 & March 2025.**

Please complete this form as clearly as possible and return it to the above address with supporting documentation. Email applications are accepted. Please complete this form as soon as possible so that the grant application can be brought to Full Council at the next available meeting

<b>1. Organisation Name:</b>  <i>This must be the same name as that used on the bank account and Constitution.</i>	
<b>2. What is the date the organisation's Constitution was agreed / last amended?</b>	
<b>3. Describe how the funding would be used:</b>          	
<b>4. What is the total cost of the purchase or project?</b>	<b>£</b>          
<b>5. How will this purchase or project benefit some / all of the residents in the Parish?</b>          	
<b>6. How much are you applying for:</b>	<b>£</b>          
<b>7. If the grant does not cover the full cost of the purchase/ project, how will the rest of the cost be financed?</b>          	

8. **Do your organisation's accounts include any ring-fenced / allocated amounts? If so, please give the total and details of what the funds are needed for.** *Ring-fenced amounts are to cover the cost of items such as expected utility bills, reserves in case of emergencies, savings towards a major purchase, etc.*

9. **Is this an Emergency? Y/N If yes, please explain the reasons for the emergency.** *Continue on an additional sheet, if required.*

10. **Have any purchases been made, or has any work commenced which forms part of this project?**  
**Yes/No**

NB: Retrospective applications are invalid, unless the funding is to cover the costs of defibrillator consumables.

Please include below any other information which you consider to be relevant to your application.

#### **CHECKLIST**

Please enclose the following with your application. We will only process your application when we have received them. Incomplete / late applications will be deferred to the next meeting (if there is one).

**Documents required for all applications:**

- A completed application form, with every question answered.
- A copy of the most recent bank statement unless it has already been supplied.
- A copy of the current Constitution unless it has already been supplied.

**Quote/s:**

- 1 quote for each purchase / piece of work costing up to £250
- 2 quotes for each purchase / piece of work costing £251 or more.

**Applications of £251 or more:**

- All of the above documents.
- A set of the latest published annual accounts. Please do NOT send lists of individual transactions.

Any incomplete applications at the deadline date will be deferred to the next meeting (if there is one).

Please email the completed application form with all supporting documentation to  
[Pointon.parish@gmail.com](mailto:Pointon.parish@gmail.com)

If you have any queries or need assistance with your application, please contact Rowena Boden,  
Responsible Financial Officer: Email [Pointon.parish@gmail.com](mailto:Pointon.parish@gmail.com) Tel: 07943 445279.

***You are advised to keep a copy of this application for your own records.***

If you are printing this form out, please ensure this page is on a separate sheet, as the information will be separated from your application form to comply with data protection legislation.

CONTACT DETAILS	
1. <b>Name of organisation:</b>	
2. <b>Contact person for this application:</b> Mr/ Mrs/Miss/Ms (delete as appropriate)	
3. <b>Position held (e.g., Chairman, Secretary, Trustee etc):</b>	
4. <b>Address where the organisation is based:</b>	
5. <b>Correspondence address</b> (if different to the one above):	
6. <b>Email address:</b>	<b>Daytime telephone number:</b>
7. <b>Account Name:</b>	
<b>Sort Code:</b>	<b>Account No:</b>
<b>Have these details changed from those previously supplied? Yes / No</b>	
<b>Please ensure that the name is exactly as on the statement, or the transfer cannot be made.</b>	
DECLARATION	
This declaration must be signed by an authorised person within the organisation or group, e.g., Committee Member, Office Holder, Trustee, etc.	
1. I am authorised to make the application on behalf of the above organisation.	
2. I have read and noted the Council's criteria relating to this application and agree to abide by the conditions listed if a grant is awarded by the Council.	
3. I certify that the information contained in and with this application is correct.	
4. I give permission for the Council to record the details of my organisation and my contact details and to retain the information as long as it is required.	
<b>Signed</b>	<b>Date</b>
<b>Position</b>	

*The Council declares that all personal information provided will be processed in accordance with the requirements of the data protection legislation. The Privacy Notice can be viewed on the website or can be supplied on request.*

*Please ensure you have answered every question and supplied full Contact Details. Failure to do so could mean your application cannot be processed.*