Please complete this form and attach the relevant information and send to: The Clerk – South Stoke Parish Council, at the address shown below.

For applications for Community Infrastructure Levy (CIL) Funding that is to be spent directly by the Parish Council, non-applicable responses should be left blank (e.g. Bank Account).

, 11	1	` ` `	
Name of group/organisation/(or			
individual if a CIL request)			
1			
Address of group/organisation/(or			
individual if a direct funding CIL			
_			
request)			
Bank account	Account Name:		
Bank account	Sort Code:		
	Account Number:		
D ' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Cl. '. N	
Registered Charity/Charity Number	Yes / No	Charity No.	
Contact name			
Position within the Group			
Toolian want the Group			
Contact's home address			
Contact telephone numbers	Home:		
Contact telephone numbers	Mobile:		
	Work:		
Contact e-mail addresses	WOIK.		
Contact c-man addresses			
Brief description of group and its			
aims			
anns			
Drief description of project for which			
Brief description of project for which			
you are making this application			
Total cost of the project.			
Amount requested from South Stoke			
Parish Council			
Amount of Grants/Donations/Funds			
from other sources for this project.			

If you are a membership organisation, please provide the following details:

n you are a membership organisation, p		
Number of members in the Group.	Adult:	
	Junior:	
Number of members resident in the Parish	Adult:	
of South Stoke.	Junior:	
Do you charge for membership?		
If yes, please supply details of the		
membership scheme and charges		
applicable:		
What is the main purpose of your		
organisation?		
What activities are available for members?		
villat activities are available for members.		
Is the organisation restricted in any way?		
If yes, please provide details:		
Is your organisation affiliated to any		
national or local organisation e.g. Sports		
Council?		
If yes, please provide details:		
BENEFIT		
How many people in South Stoke do you		
estimate will benefit from your		
project/event/item?		
Please indicate the age range of the	From: To:	
beneficiaries of any award – e.g.		
children/youth/adult/senior citizens		
· · · · ·	·	
Please confirm that you have considered all	health and safety issues for this project/event/item and	
carried out risk assessments for all relevant a		
curred out flow assessments for an felevant	areas. Give betain	
	1 66 ( 6.1)	
Please confirm that you have considered the environmental effects of this project (e.g. carbon		
emissions, waste etc.) and give details		

#### FINANCIAL DETAILS

Estimated Total Cost	
Please detail the components of your project/event/item(s)	
Total Cost	
Control Contro	
Contributions from Other Sources e.g. National Lottery	
Total Contribution	
Total Contribution	
Contributions from Self Funding	
Fund Raising Events	
Own resources	
Contribution in Kind – Free labour / Materials	
Please give details, e.g. Hourly Rate x Hours	
Total Self Funding	
DOCUMENT Requirement Checklist	Yes or N/A
Your organisation's Constitution	Tes of IVA
Latest audited or independently examined accounts?	
Latest bank/building society/other investment accounts statements	
(within last 3 months)	
Copy of conveyance/letting agreement/lease	
Written permission from the owner of any premises or land involved	
Copies of cover notes/summaries for all relevant insurances	
Evidence of any secured funding or application for any other funding.	
	•

#### SUPPORTING STATEMENT

Why do you think the Parish Council should support this application? Please note that you are				
required to demonstrate a benefit to some or all of the Parish's residents. (All applicants to				
complete – please continue to Additional Information if necessary)				
Additional information/comments – For a CIL Grant or Funding Request, please use this space to explain the Community Infrastructure requirement and how it arises.				

#### **CERTIFICATION**

I certify that the above information and the contents of the attached documents are correct at the time of applying. I understand that if any of the information is subsequently found to be incorrect this may lead to the organisation being disqualified from consideration and/or the withdrawal of any grant awarded. I agree to my organisation being bound by the eligibility criteria and any conditions set by the Parish Council.

I hereby declare that I have the authority to submit this application on behalf of the organisation detailed above .

Signed:	Date:
Name (block capitals)	
Position in Organisation	

**Please note:** the information provided on this application will be held on a database and used to provide information to officers and members of the Parish Council.

Your application may be submitted by email but you will be asked to sign it before any approved funding may be released. Remember that completed applications and supporting information must be received by the Parish Council no later than 30<sup>th</sup> November, unless you are applying for Community Infrastructure Funding.