

Laceby Parish Council



GRANT APPLICATION

Please answer all questions – failure to do so may result in a delay of your application.

Name of Organisation making the application:	
Contact Address:	
Contact Number:	
Email Address:	
Details of the project for which the grant is requested:	

<p>Expected benefits to Laceby Parish / Residents:</p>	
<p>Any restriction on who can access the project benefits:</p>	
<p>Total amount requested:</p>	
<p>Date funds needed:</p>	
<p>What type of organisation are you:</p>	<p>Registered Charity <input type="checkbox"/></p> <p>Registered Charity number:</p> <p>Voluntary Organisation <input type="checkbox"/></p> <p>Other:</p>
<p>Signed:</p>	
<p>Dated:</p>	