

# COLWICH PARISH COUNCIL

## Application for a grant.

The Council will consider the 2018/19 grant applications in two funding rounds. The first round will be considered at the Council meeting on 6<sup>th</sup> September 2018 and the second round on 7<sup>th</sup> February 2019.

**You must include a copy of your latest accounts** with your application to assist the Council in deciding whether to make an award. Estimates, competitive quotes and specifications should also be included if appropriate. The Council will expect a report on the grant funded activity once it has been completed. A report on any 2017/18 grant received from the Council **should** be included with this application.

1. Name of organisation: **A COLWICH COMMUNITY GROUP**
2. Address for correspondence: **STREET NAME, HAYWOOD**
3. Telephone number: **01889 \*\*\*\*\***
4. Organization's main activities: **We assist the younger residents in the parish by \*\*\*\*\***
5. a. Numbers of members in Colwich Parish: **10**  
b. Number of members outside Colwich Parish: **2**
6. Does the organisation have *(delete as appropriate)*:  
A committee? Yes/No                      Details: **We have 12 members on our Committee including a Chairman, Secretary and Treasurer**  
A constitution? Yes/No                      **Copy enclosed**  
Honorary officers? Yes/No                      Details: **We do not have any honorary officers**  
Paid staff? Yes/No                              Details: **We do not have any paid staff.**
7. Place and frequency of meetings: **We meet every other month at the community hall.**
8. What is your project? **We would like to provide \*\*\*\*\* for the younger residents across Colwich.**
9. Who will benefit from it? **Our target group is the younger residents of the parish.**
10. How will your organisation aim to be inclusive of the different sections of the village e.g. young people, ethnic minorities, gender, disability, sexual orientation etc.? **Our Committee includes X younger residents. The project aims to be inclusive of all younger people including those with mobility impairments.**
11. What is the total cost of this project? **£5,000**
12. How much are you requesting from the Parish Council? **£475**
13. How is the balance to be found? **We have approached {organisation} for support as well as holding a number of fund raising events.**
14. To whom should the cheque be made payable? **A COLWICH COMMUNITY GROUP**  
(Note: the Council cannot make cheques payable to individuals.)
15. Signed (on behalf of the organisation); **Signature**

**Please return this form to Revd. Mr. M. Lennon PSLCC, Clerk to the Council, Colwich Parish Council, Parish Centre, St. Mary's Road, Little Haywood, Stafford. ST18 0TX. Tel. 01889 882665. Email [clerk@colwichparishcouncil.gov.uk](mailto:clerk@colwichparishcouncil.gov.uk) by no later than 31<sup>st</sup> July 2018.**