

GURNARD PARISH COUNCIL GRANT APPLICATION FORM



Name of Organisation:
Aim of Organisation:

Contact Information	
Name:
Position:
Address:
Post Code:
Telephone:
e-mail:

Financial Details	
This section MUST be completed in full.	
Total cost of project (if applicable)	£
Your Organisation's input to project	£
Other outside finance received for project	£
Accounts:	
Opening balance for current financial year	£
Estimated closing balance for current financial year	£
A copy of the most recent set of annual accounts <u>MUST</u> be included with this form	

Signature	Date
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Please return completed form to the Parish Clerk:
Mr J.R. Adams, 63 Wellington Road, RYDE
Isle of Wight PO33 3QJ
Or e-mail to gurnardpc@tiscali.co.uk
DEADLINE FOR RECEIPT 28th FEBRUARY 2010