



# EASTFIELD PARISH COUNCIL GRANT APPLICATION FORM

Name of Organisation:			
Address:			
Telephone No:		Email:	
Contact name:			
Address (if different from above):			
Telephone No:		Email:	
<b>1. Aims of the Organisation.</b> (brief description of the main focus of the group and its benefit to Eastfield)			
<b>2. How many beneficiaries live in Eastfield?</b>			Age Range
<b>3. Project Funding Breakdown</b>			<b>Totals</b>
<b>Total Project Cost</b>			
<b>4. Other funding applications (pending or approved)</b>			<b>Total</b>



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<b>5. How will this project help the aims of your organisation?</b>	
<b>6. Bank Details</b>	
Account Name	
How many Signatories required <span style="float: right;">(please supply details of at least two)</span>	
Name	Address
Name	Address
<b>7. Date when project will finish</b>	
You are asked to return any unspent funding received from the Eastfield Parish Council along with the Project Evaluation Form. (PEF 1)	

Application submitted by:	Name
	Signature
On behalf of:	Organisation
Date:	
Completed applications should be sent to:  If you have any questions, please E-mail: <a href="mailto:clerk@eastfieldparishcouncil.org.uk">clerk@eastfieldparishcouncil.org.uk</a> or ring 01723 586655	Mr S. Simpson, Clerk to Eastfield Parish Council Community Centre, High Street, Eastfield, Scarborough, YO11 3LJ

<b>For Eastfield Parish Council use ONLY:</b>	
Date application received by EPC	
Date submitted to Finance Committee	
Date submitted to full Parish Council	
Request Approved / Not approved	Amount Awarded (if applicable) £
Reasons	
Date cheque sent	Cheque number
EPC Ref Number	