



Grant Application to Cuxton Parish Council

Name of Organisation	Amount Requested
Approximate number of Cuxton residents that will benefit from grant	

I confirm that;

- This application is made on behalf of a non-profit organisation/charity. **Charity Number** _____
- Within 11 months of receipt of any grant we will provide proof that the entire grant has been used in accordance with this application.
- We will return any part of the grant amount for which such proof cannot/is not provided

Signature: _____

Name: _____

Address: _____

Position in organisation: _____

Telephone: _____

Email: _____

Details of Project (please attach evidence such as quotes to support your application)

Additional Information