

**St James Church Sutton
Nr Macclesfield, Cheshire
GRANT APPLICATION FORM**

- Please refer to the Grant Application Guidelines before completing this form
- Please ensure that all sections of this form are completed fully, where appropriate; it is not sufficient to refer to "see attached documents".
- **The PCC welcomes additional information not included in the form or the documents to be sent with it as set out in the Guidelines, but this should not exceed two A4 sides.**

| | |
|---|-----------------------------|
| Name of Organisation or other Beneficiary: | |
| UK Registered Charity No: | Date of Registration |
| Address including Postcode: | |
| Contact Name: | |
| Position: | Email: |
| Tel: | Website |
| Summary of Appeal | |
| If you are a registered charity, or an unregistered charitable group, please summarise what your charity does (not just what you want the grant from the PCC for) | |
| If you are an individual, or an unregistered charitable group, what (if any) is the family relationship between you, or (if a group) each of you, to the person or people intended to benefit from any grant by the PCC? | |
| What work/service do you need the grant for? | |
| How many people will benefit from your project and what practical results will the project produce? | |

FINANCIAL INFORMATION

Total cost of your project *This figure should match the Budget referred to in the Guidelines*

£

Amount Requested: *You should normally request a contribution towards the total costs of the project, rather than the full cost. Please specify which element(s) you would like the PCC to consider supporting:*

£

Details of other funding applications made for this project:

| Name of organisation applied to: | Amount applied for: | Status of application: i.e. level of funding secured/unsuccessful/pending |
|----------------------------------|---------------------|---|
| | | |
| | | |
| | | |
| | | |

Please give details of two independent referees *You should tell them we may contact them*

| | |
|----------|----------|
| Name: | Name: |
| Address: | Address: |
| | |
| | |
| Tel: | Tel: |
| Email | Email |

Please make sure you have included the documents listed in the Guidelines and, if you wish, a Statement of Additional Information, not exceeding two A4 sides.

Please sign below to confirm that everyone in your organisation working on this project have had appropriate (i.e. to the correct level) and satisfactory checks through the **Criminal Records Bureau**. If your organisation is exempt from these checks (i.e. does not work with a vulnerable client group) please tick this box to confirm.

I confirm the above statement is true and that all information provided in this application is correct:

Signature: _____ Position: _____ Date: _____

Please return your completed application to :

PCC Grants
c/o The Vicarage
Church Lane
Sutton, Macclesfield,
Cheshire, SK11 0DS