EAST AYTON PARISH COUNCIL

26 Ings Close Staxton YO12 4ST

Email: eastaytonpc1@gmail.com

APPLICATION FOR GRANT

PLEASE PRINT ANSWERS TO EACH QUESTION AND RETURN BY NO LATER THAN 31 OCTOBER

1.	Name of Organisation AddressTel:		
2.	Contact Name of Chairman, Secretar		
3.	Amount of grant applied for £		
4.	Give full details of cost and purpose for which grant is applied for:		
•			ompleted prior to approval of the grant will
Signe	d	Date	
	ed in the strictest confidence).	STATEMENT OF IN	ICOME AND EXPENDITURE (which will be 1 OCTOBER
	CCESSFUL THIS GRANT WILL BE AVAILA EEN THESE DATES IT WILL THEN BECO		L UNTIL 31 DECEMBER. IF NOT REQUIRED
	DFFICE USE ONLY ment of Income/Expenditure enclosed	Yes/No	
Amou	nt of grant requested		£
Amou	nt of Grant approved	£	Min. No
Chequ	ue Paid	Date	