

WESTBURY SUB MENDIP PARISH COUNCIL

Application for Grant for Voluntary Organisations
Local Government Act 1972, Section 137

Please note that this application must be accompanied by a copy of the latest set of annual accounts showing the organisation's income, expenditure and level of balances. If the organisation does not prepare annual accounts, copies of the bank statements covering the previous six months may be enclosed.

1.	Name of Organisation WESTBURY SUB MENDIP COMMUNITY SHOP AND POST OFFICE
2.	Name, Address and Status of Contact [REDACTED] COMMITTEE MEMBER WORKING UNDER DIRECTION OF CHAIR AND SHOP COMMITTEE
3.	Telephone Number of Contact [REDACTED] Email address of Contact [REDACTED]
4.	Bank Account Sort Code and Account Number for receipt of grant, if awarded. Bank Details Account Holder: Account NO: [REDACTED] Sort Code [REDACTED] Bank Name [REDACTED] Address: [REDACTED] Phone No [REDACTED]
5.	Is the Organisation a Registered Charity? FINANCIAL CONDUCT AUTHORITY REG 32153 R

6.	Amount of grant requested. ₹2,300/- SEE EMAIL
7.	For what purpose or project is the grant requested? - TO OPEN UP THE EXISTING GARDEN AT THE VILLAGE SHOP TO PROVIDE A PLACE OF SAFETY FOR PARENTS AND CHILDREN AT THE EXISTING SCHOOL - ENHANCE DISABLED ACCESS
8.	What will be the total cost of the above project? ₹6,500/- FOR BUILDING WORK.
9.	If the total cost of the project is more than the grant, how will the residue be financed? SEE EMAIL.

10.	Have you applied for grant for the same project to another organisation? <u>No</u> SEE EMAIL ATTACHED.
11.	What finances or resources will your organisation contribute? SUPERVISION AND PLANING / HIGHWAYS APPROVALS
12.	Who will benefit from the project? - PARENTS AND CHILDREN OF THE LOCAL SCHOOL WHO CURRENTLY DO NOT HAVE A PLACE TO WAIT IN SAFETY. - DISABLED ACCESS TO GARDEN - RESIDENTS AND VISITORS TO THE VILLAGE
13.	Approximately how many of those who will benefit are residents within the parish? 100%

You may use a separate sheet of paper to submit any other information which you feel will support this application. Please return the completed form to the Clerk.

Print Name PAUL HAMILTON.....

Date 1 SEPT.... 2022