

# Mountfield Parish Council

CHAIRMAN – Steve Rickman-Smith, Oak Cottage, Vinehall Road, Mountfield TN32 5JN  
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CLERK – Irene Marchant, St. Giles, Woods Corner, Mountfield TN21 9LA  
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## Grant Application Form

### NOTES TO HELP YOUR APPLICATION

Please answer as many questions as possible, even though some may not be completely relevant to your organisation. All the information you provide helps us consider your application, so if a question is not applicable, do please tell us why.

Mountfield Parish Council has only limited powers to pay grants to local groups and those we have are set out in law. Our only income is derived, ultimately, from the Council Tax paid by Parish Residents. It is vital, therefore, that the purpose of your grant has a community benefit to “a number of local residents.”

The grant you request must be for a specific purpose carried out by your group and not simply “general fund-raising” or “overheads.” Your group must be “not for profit,” with membership and activities based (wholly or largely) Mountfield Parish or for the benefit of Mountfield Parish.

The Parish Council sets aside a limited sum of money to finance grants each year and applications may be submitted at any time.

1.	NAME OF YOUR GROUP
2.	YOUR GROUP'S MAIN AREA(S) OF ACTIVITY
3.	NAMES, ADDRESSES AND TELEPHONE NUMBERS FOR YOUR KEY OFFICIALS, e.g. CHAIRMAN, SECRETARY AND TREASURER
4.	HOW LONG HAS YOUR GROUP BEEN ESTABLISHED IN THE PARISH?
5.	HOW MANY MEMBERS DO YOU HAVE? WHAT IS THE ANNUAL SUBSCRIPTION PAID BY MEMBERS?

# Mountfield Parish Council

6.	ARE YOUR GROUP'S ACTIVITIES OPEN TO RESIDENTS OF MOUNTFIELD PARISH WHO ARE NOT MEMBERS?
7.	DESCRIBE YOUR MAIN FUND-RAISING ACTIVITIES.
8.	HOW MUCH WOULD YOU LIKE AND FOR WHAT PURPOSE?
9.	DOES THIS AMOUNT COVER THE FULL COST OF YOUR PURPOSE? OR WILL YOU RAISE ADDITIONAL AMOUNTS? IF SO, HOW DO YOU INTEND TO RAISE THE EXTRA MONEY YOU NEED?
10.	HAVE YOU APPLIED FOR GRANTS FROM OTHER BODIES? IF SO, PLEASE LIST THE ORGANISATION(S) YOU HAVE APPLIED TO, THE AMOUNT APPLIED FOR AND THE CURRENT STATUS OF YOUR APPLICATION, e.g. IF APPROVED, THE AMOUNT AWARDED.
11.	HOW MANY SIGNATURES ARE REQUIRED TO SIGN YOUR ORGANISATION'S CHEQUES FOR AUTHORISE OTHER PAYMENTS?

# Mountfield Parish Council

12.	DO YOU HAVE ANY OTHER COMMENTS TO SUPPORT YOUR APPLICATION?
13.	IF YOUR APPLICATION IS SUCCESSFUL, TO WHOM SHOULD THE CHEQUE BE PAYABLE AND WHERE SHOULD WE SEND IT?
14.	PLEASE CONFIRM THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON COMPLETING THIS FORM.

SIGNED .....

DATE .....

**Please enclose (or attach, if by email)**

- **A copy of your Group's constitution or rules (first time applications only)**
- **Your most recent audited financial statement or accounts (for every application)**

APPLICATION FORMS TO BE RETURNED TO

Irene Marchant  
Mountfield Parish Clerk/RFO  
St. Giles, Woods Corner, Mountfield, East Sussex TN21 9LA  
or by email to – [clerk@mountfield.org.uk](mailto:clerk@mountfield.org.uk)