



**BRAMSHOTT & LIPHOOK
PARISH COUNCIL**
www.bramshottandliphookpc.gov.uk

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**THE PARISH OFFICE
HASKELL CENTRE
MIDHURST ROAD
LIPHOOK
HAMPSHIRE
GU30 7TN**

**CIL NEIGHBOURHOOD PORTION
APPLICATION FORM**

Information about the individuals, organisation, or group

Q1 Name

Name of the main contact in the group (to whom correspondence will be sent)

Title: First name: Surname:

Position held in the group

Address for correspondence, including full postcode

Telephone: Daytime: Evening:

E Mail: Fax:

**Q2 What are the main activities of your group, or what services do you provide?
New groups should tell us about the activities they plan to provide.
Organisations should state the number of members they have.**

Tell us about the project, the costs, funding, and use of the CIL money

Q3 What is the total cost of the project/item. Give a breakdown of the project costs (example: Equipment, Publicity, Administration, Transport) and include VAT where appropriate. Show the grant you are requesting.

Item / Activity	Amount (in £)
Total Project Costs	£ <input style="width: 100px;" type="text"/>
Grant requested	£ <input style="width: 100px;" type="text"/>

Q4 How will the money be used? (Expand on details above to help justify the grant if appropriate)

Q5 Please give details/amounts of other funds raised, promised, or applied for ?

Q6 Please give details of other funds raised for your organisation during the year, and other projects that you have planned or are planning?

Q7 How many people will benefit from the funding
Please give a number.

Q8 Do the people who would benefit from the grant live in the Parish of Bramshott & Liphook?

Yes / No (Please delete as appropriate)

Q9 What are the age ranges of the people who will benefit?

All ages 5-10 11-19 20 to 30 30-40 40-50 50 plus

Q10 Give evidence to show that the project is needed and how the people above will benefit?

Other details

Q11 We normally pay by electronic transfer. Please provide Bank Account Information.

Name	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>
	<input type="text"/>

Q12 **Your signature** This must be the signature of the main contact named in Q1

I confirm that to my best of my knowledge and belief, all replies given on this application form are true and accurate. I understand that supporting information may be requested at any stage of the application process.

Signed Date

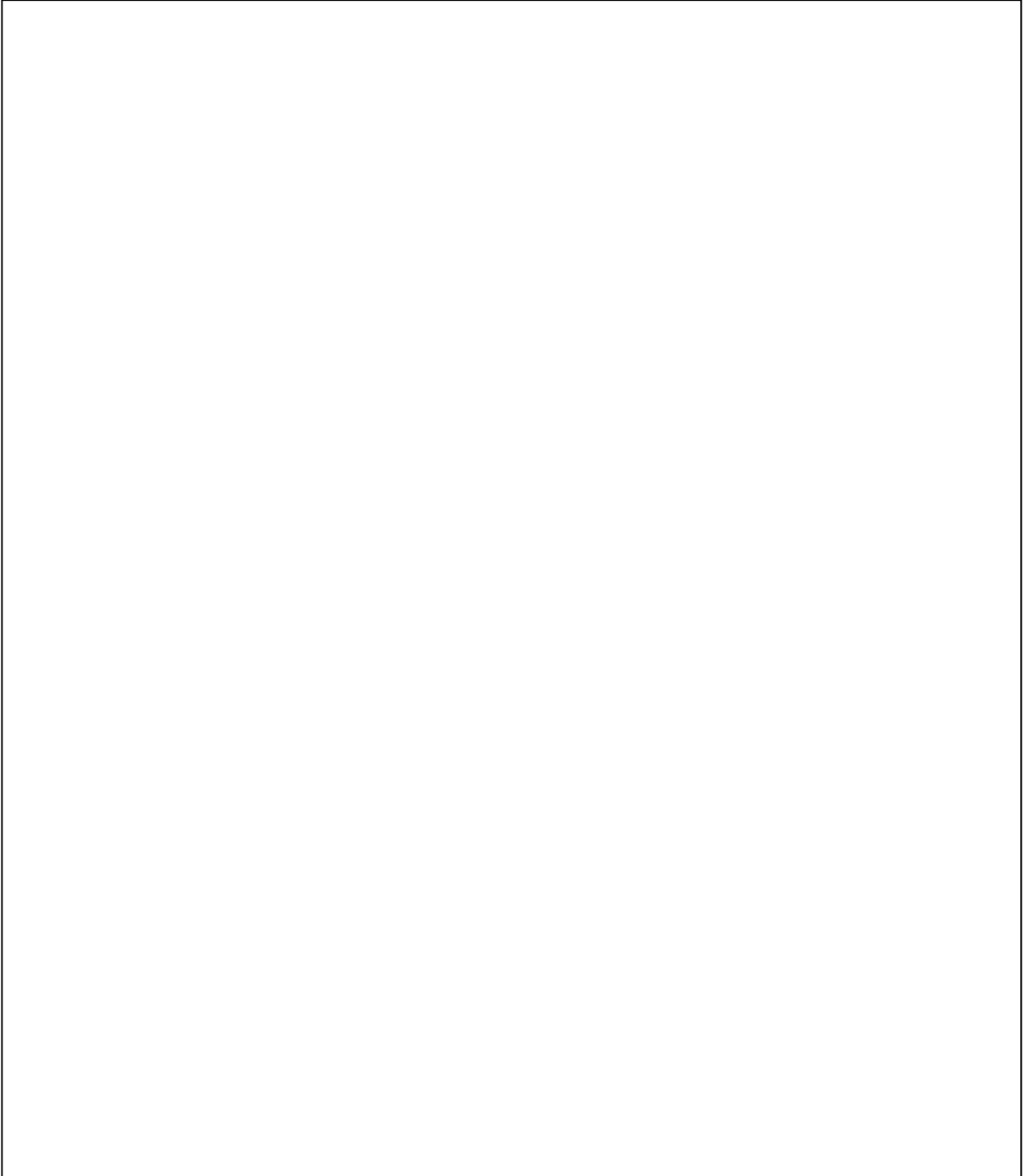
Important – Your application cannot be considered without this.

1. Please attach a copy of your organisations last two years audited accounts

2. Please attach a copy of your organisation’s constitution, and if no constitution, give details of your aims and objectives below:

Additional Supporting Information (optional)

Please provide any additional information in support of your application

A large, empty rectangular box with a thin black border, intended for providing additional supporting information in support of an application. The box is currently blank.