

DISCRETIONARY GRANT APPLICATION (Grants up to £500)

By submitting this application you agree to the current Guidelines and Terms for Discretionary Grants from Chichester City Council

Name of organisation:		
Name of person making the application:		
Position in the organisation:		
Address:		
Telephone number:		
Email:		
Purpose of organisation:		
Number of members:	Date founded:	
Is the organisation a registered charity? YES / NO		
	If YES, please give registration number:	
SIGNED AND DATED: By signing this application I confirm a Grants Guidelines and Terms	acceptance of the Chichester City Council Discretionary	
Estimated total cost of: proposal/project		
Amount of Grant requested:	(Maximum on this application form - £500)	
Have you applied for any other Discretionary Grants from Chichester City Council in the previous 3 financial years? If yes, please give brief details:		

required):	on another si		
Have you applied for any other Grants for this project? If you	s, please give	brief details:	
IF YOU HAVE APPLIED FOR FUNDING ELSEWHERE FOR TI			
intention of this application to Chichester City Council (plea	se tick as app	ropriate):	
A speculative application in the event other applications are unsuccessful			
Match funding with other Grants as part of the overall project cost			
Please ensure that you have completed all the section documents are attached to this Discretionary Grant Applica		l the following	
□ A simple Business Plan outlining why a Grant should be awarded			
 A copy of the latest Audited Accounts or an Income & Excomplete financial year 	penditure Shee	t for the last	
□ A copy of your Events Insurance Policy if the Grant requested is for a specific event			
Please return the Discretionary Grant Application Form and asso	ciated docume	nts to:	
Gareth Bowen - Member Services Support Officer Chichester City Council, The Council House, North Street, Chich	ester. PO19 1L	.Q	
g.bowen@chichestercity.gov.uk			