

1	Name of applicant (s):	
2	Contact details of applicant:	<p>Address:</p>   <p>Tel:</p>  <p>Mobile:</p>  <p>Email address:</p>
3	Number of people in household who would benefit from this grant? (if applicable)	
4	For what would any received grants from Cary Cares be used?	
5	Is this anticipated to be a one-off grant, or that further applications may be made in the future (please circle as appropriate)	<p>One-Off</p> <p>Further applications may be made if successful</p> <p>Further applications will definitely be made if successful (if so state for how long it is estimated support may be needed)</p>
6	Amount of grant requested from Cary Cares in THIS application	

7	Any other relevant information	
8	Bank details: these will be used to transfer grant monies electronically if your application is successful.	Bank Account Name:.....  Bank Sort Code ...../...../  Bank Account Number:

Declaration

I/We declare that the information on this application is true and complete in every respect

I/We understand that the information provided on this application form will be used by Cary Cares to judge whether or not to award a grant and that the information will be made available to the trustees of Cary Cares in order to make a decision. No personal identifier details will be made public.

Signature (s) of Applicant (s).....

Print Name (s):.....

Date.....

<b>For Cary Cares Trustees Only</b>			<b>(V3 11/21)</b>
Received.....	.Discussed.....	Amount .....	Grant awarded Yes/No
Relevant comments.....			

PLEASE RETURN COMPLETED GRANT FORMS VIA EMAIL TO [CARYCARES1@GMAIL.COM](mailto:CARYCARES1@GMAIL.COM) OR  
IN PRINTED FORM TO:  
CAVENDISH HOUSE, FORE ST, CASTLE CARY, BA7 7BQ (opposite co-op)