



Registered Charity Number: 1196363

## CARY CARES GRANT APPLICATION FORM

Please return completed application forms via email to [carycares1@gmail.com](mailto:carycares1@gmail.com) or on paper to Cavendish House, Fore St, Castle Cary, BA7 7BQ (opposite Co-op)

1	Name of Organisation (if your application is successful the grant cheque will be made payable to	
2	Name and address of responsible person who should be contacted regarding this application	Name  Address  Tel  Mobile  Email address
3	Address where activities are based	
4	Which part of the community do you serve in Castle Cary/ Ansford?	
5	How does your organisation/ activity benefit the residents of Castle Cary/ Ansford?	
6	Present charges/subscription fees	

7	Details of the project facilities or service to be provided and how they will benefit the community.	
8	How, if the project is ongoing, how will you plan for it to become financially sustainable into the future?	
9	Please give details of the cost of the project	
1 0	Please give details of other grants awarded or applied for	
1 1	Amount of grant requested from Cary Cares	
1 2	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 available in the public domain. If you have provided any information with which you do not wish to be made publicly available, please make this known when submitting the application

Signature of Applicant.....

Position Held.....

For and on behalf of..... Date .....

**For Cary Cares Trustees Only**

**(V4 11/21)**

Received..... .Discussed..... Amount ..... Grant awarded Yes/No

Relevant comments.....