



Grant Application Form for Individuals / Sole Traders

Application Number: _____

If you need any help completing this form, please contact our administrators at Cheshire Agricultural Society.

Phone: 01565 650200 E-mail: info@cheshirecountysociety.org.uk

All sections of this application form must be completed.

1 Personal Details

Name _____

Position _____

Address _____

Tel Day _____

Tel Mobile _____

Email _____

Postcode _____

No and ages of children / other dependents _____

2 Type of Enterprise (if Applicable)(e.g. Farm, Tourism, Rural Business etc)

Size (turnover, Acreage, Nos of Livestock) _____

Profit / Loss Projected This Year £ _____ Last Year £ _____

No Full time employees _____ No part time employees _____

Are you the **Owner** **Tenant** | Of your property (please circle)

3 Why do you need a grant?

Please describe your situation and how it happened (Please use additional sheets if necessary).

4 What will you do with any grant made? (Please use additional sheets if necessary)

5 How will this solve your problem?

6 Will the solution be temporary or long term? Explain why

7 How much money do you need in total? (Include breakdown)

8 What help have you received so far?

17 Additional Information

Is there anything else you wish to tell us in support of your grant application?
e.g. Family background.

18 Applicants must provide the name of an independent referee who must be a person of good standing, e.g. accountant, bank manager, head teacher, doctor. This person must not be related to you, or employed by you. **Where the application is for a business, the applicant must provide their latest set of accounts.**

Name _____

Address _____

Tel (day) _____

This work must be undertaken within six months of receipt of funding. We understand that any grant money received for work not subsequently undertaken must be refunded. The applicants undertake to complete and return a progress report within six months of the date of funding and to provide such information regarding the project as may reasonably be requested from time to time.

I understand that the statements contained in this application are true and that the information provided is correct.

I understand that the decision of the trustees of the Cheshire Rural Trust upon this application will be final and that the trustees may, but shall not be obliged to, give reasons for that decision. I understand i/we will have no right of appeal against that decision.

I understand that, my application, if successful may be used to further publicise the work of the Cheshire Rural Trust.

Name: (BLOCK CAPITALS) _____

Signed: _____

Date: _____

Please return to

Cheshire Rural Trust

c/o Cheshire Agricultural Society

Clay House Farm

Flittogate Lane

Tabley

Knutsford WA16 0HJ

Phone 01565 650200

Fax 01565 650540

email info@cheshirecountyshow.org.uk