



NEW ALRESFORD TOWN COUNCIL

APPLICATION FOR GRANT - ORGANISATION/GROUP ONLY

[The Council regret that they are unable to consider grants or sponsorships for individual persons]

Please Note: This form **MUST** be completed **IN FULL** before the Council may consider any grant application. Applications must also enclose copies of their organisation's **CONSTITUTION**, their most recent **ANNUAL REPORT**, their last **AGM MINUTES**, & a copy of their most recent published **ANNUAL ACCOUNTS**. [See Page 2, overleaf]

1. FULL NAME OF APPLICANT. [Charity/Organisation]	
2. FULL POSTAL AND EMAIL ADDRESS OF APPLICANT. [Charity/Organisation]	Email: POST CODE

3. Regd. Charity No. [If applicable]	4. Telephone No.
5. Full NAME of organisation's delegated contact.	6. Position/Title of nominated contact.
7. Please describe your organisations aims and objectives.	

8. Does your organisation work SOLELY for the benefit of the people of NEW ALRESFORD?		9. If "YES" how many NEW ALRESFORD residents benefit on a regular basis from your organisation?	
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10. If the answer to question 8 is "NO", please specify the geographical areas that you provide for and the number of persons that regularly benefit from your Charity or organisation.

11. If your organisation is NEW ALRESFORD, how many NEW ALRESFORD residents do [or will] regularly benefit from the services you provide? *Please enter in the box on the right >>>*

12. Are you seeking Grant Aid from other sources? [e.g. WCC etc] Please specify below:

13. How many UNPAID VOLUNTEERS do you have?		14. How many FULL TIME PAID staff?		15. How many PART-TIME PAID staff?	
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16. Have you ever received a grant from NEW ALRESFORD Town Council at any time in the past?		17. If "YES", please enter month, year & amount: DATE when grant awarded? AMOUNT awarded? £ _____
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PART 2. - ABOUT YOUR GRANT APPLICATION

18. What GRANT SUM are you applying for to NEW ALRESFORD TOWN COUNCIL?
Please enter the amount applied for IN FIGURES, in the box on the right > £

19. Please provide your bank account number and sort code >

20. Is your organisation registered for VAT? i.e. Can you claim input tax/VAT? >

21. Would you please specify what the grant would be used for? [e.g. Capital project, Running costs, etc]

22. If the grant is towards a PROJECT DEVELOPMENT, do you require formal planning consent?

23. If the grant is to be used for a PROJECT, when do you expect to start and finish?

<input type="text"/>	<input type="text"/>
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24. Please give any additional information that you feel is relevant, or will support the grant application. e.g. Any fund raising events undertaken by your organisation, & any amounts raised. [other than grant applications]

PLEASE NOTE: If your grant application is successful, whether in whole or in part, it would be conditional upon you [i.e. your organisation] acknowledging NEW ALRESFORD TOWN COUNCIL in your Annual Report, or in any other publication [Newsletter, magazine, etc] relevant to your organisation. **In signing this grant application, you agree to be bound by this condition.**

Signed: _____ Dated: _____

You are very welcome to attend the Full Town meeting where your grant application will be discussed.