



New Alresford Town Council

APPLICATION FORM FOR A GRANT FROM NEW ALRESFORD TOWN COUNCIL

Grants are not given retrospectively and must be received prior to any commencement of work

Applications must be received by the Town Council two weeks before meetings. Grant will be discussed by Full Council at their meetings in June, September, December and March

Applications must be accompanied by the latest audited or independently examined Accounts, if this is not possible please give a reason as to why.

If the application is to remain confidential then this must be indicated on the application form

1. Name of Organisation:

2. Outline of functions/activities:

3. Address to which correspondence should be sent:

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4. Names/addresses/positions of officers within the organisation:

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5. Purpose for which a grant is required and time scale within which the work/purchase etc is to be completed. (This can be submitted as a separate sheet.):

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6. Whether application for a grant been made to any other grant-aiding body and details of which and any response received:

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7. Cost of project (this can be an approximation in the first instance - see point 5 of attached notes). State inclusive or exclusive of VAT:

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8. How the project is to be funded, including the following aspects and breakdown of percentages if appropriate:

8.1 Organisations own proposed funding:

8.2 Other grant funding:

8.3 Any other funding:

8.4 Grant request from Parish Council:

The above may not be relevant in all cases of application.

9. Whether organisation is able to claim refunds on VAT:

10. Copy of the latest end of year accounts to show income and expenditure through the past year, as available, to be attached:

Confirm YES/NO

11. Details of bank balances at time of grant application:

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12. Details of anticipated use of money held in accounts i.e. reserves and for what purpose. This may not be relevant in all cases of application:

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13 Section of community which will benefit from this grant, e.g. boys, girls, age group, adults:

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14. Number of participants in the organisation:

15 Proportion of the community of New Alresford using organisation, e.g. proportion of those living in these areas against those living outside these areas who participate:

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16. Aims of organisation in the future:

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Signed:

Date:

Position within organisation:

Contact Telephone number:

Please specify Account details for payment if your grant is successful:

Sort Code

Account Number.....

Account Name

Please use separate sheets to answer any questions where necessary. It is appreciated that in some circumstances the questions are not appropriate to the grant request. Please return this form with any supporting information to:

tclerk@newalresfordtc.org.uk

New Alresford Town Council use only:

Received:

Date full Council:

Grant awarded: YES/NO

Amount of grant:

Grant paid:

Conditions:

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Under which Power Awarded.....