STONDON PARISH COUNCIL

Application for Financial Assistance
By Voluntary Organisations/Groups

NOTES TO THE APPLICATION FORM

i) Please ensure you comply with the Stondon Parish Council (The Council) Grant Aid Policy before completing this form.

ii) After completing this form please return to:

Clerk - Stondon Parish Council
Mr James Stirling,
31 Plum Tree Road,
Lower Stondon SG16 6NE
e: clerk@stondon-pc.gov.uk

iii) If you wish to discuss your application beforehand or require assistance please contact the Parish Clerk

iv) If your organisation has full audited accounts please enclose a copy of the latest accounts with the application.

v) Successful applicants may be required to submit a short report outlining the use made of the grant within three months of the project's completion along with evidence of reporting involvement of the Council.

2. SUPPORTING INFORMATION

i) Name of organisation / group…….

ii) Where is the organisation based?…….

iii) Age range for services provided…….

iv) Is your organisation a registered charity?…….

v) Is your organisation affiliated with any national organisation? Yes/No* [Please delete as appropriate]

if yes please provide details.....

vi) Please describe briefly the aims of the organisation.

vii) Please list the organisation's current activities and proposals for the next 12 months.

3.NATURE OF APPLICATION (please provide additional information on no more than two sides of A4 paper)

i) For what purpose is the grant required?

ii) How much grant aid are you requesting?.....

If required to finance a specific project or purchase, please give details, including an outline breakdown of cost, the total estimated cost of the project and/or equipment concerned.

4. **FUNDING RECEIVED**

Has the organisation approached any other funding sources for assistance during the past year?
Please provide the details below.

Source	Amount Requested	Amount Received

5. **PAYMENT DETAILS**

The following information is required to enable any grant awarded to your organisation to be forwarded by way of cheque

Account Name …….. Bank Name:
Sort Code Account Number

Address where cheque should be sent…….

Name of Treasurer of organisation…….

6. CONTACT DETAILS

Please provide contact details for the person with whom this application can be discussed, if necessary

Name Position held within organisation:

Address Telephone Number: Daytime

Evenings

7. DECLARATION

The information given in this application, and supplied with it, is to the best of my knowledge true and accurate and in line with the Councils Grant Aid policy. Any financial assistance awarded will be spent for the purposes requested. I understand that copies of this application form and other supporting documentation may be made available to officers and councillors of the Parish Council.

Signed for and on behalf of the organisation :

Date:

Name (please print) :

Position held within organisation :

Please turn to and complete Section 8 – Financial Information

8. FINANCIAL INFORMATION

Please complete and supply a copy of the organisation's latest audited accounts, if available or a summary financial statement.	**Previous Financial Year**	**Current Financial Year**	**Next Financial Year**
	Year ended ……..	Year ended……..	Year ended ……..
	£	£ (estimated)	£ (estimated)
Income :			
Grants			
Subscriptions			
Other income			
Total income			
Expenditure :			
Salaries & wages			
Operational expenses – travel, publicity			
Admin expenses – printing, stationery, postage, telephones			
Premises expenses – rent, equipment, repairs & maintenance, insurance			
Other expenses			
Total expenditure			
Surplus/deficit			
Accumulated funds:			
General reserves			
Other funds			

Please state for what purpose the accumulated funds are reserved for :