

GRANT AID APPLICATION FORM



CONTACT DETAILS

Name of Group/Organisation

Address

Post Code:

Email:

Fax:

Tel No:

Contact Person

Title:	First Name:
Surname:	Position held in Group:

AIMS AND PURPOSE OF YOUR COMMUNITY GROUP

Charity Registration Number

If you are not a registered charity you must enclose a copy of your constitution

What does your community group/organisation do and how are you financed?

How many people are in your group/organisation

ABOUT YOUR PROJECT

Project Title

Briefly describe your project to enable the Parish Council to understand how its grant will be used:

How many people will benefit from this project? **Details of the number of members of your group that are from Stratton and the numbers of people from Stratton St Margaret Parish that will directly benefit from your project would be most helpful.**

--

Estimated cost of project £

Desired grant from Parish Council £

FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves you must provide an explanation as to why this project cannot be supported from your own funds

DECLARATION

If a grant is awarded, please state who the cheque should be made payable to:

--

We are authorised to submit this application on behalf of the Group and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Stratton St Margaret Parish Council gives a grant, we agreed to use it only for the purpose given and according to any conditions specified. We understand that within six months after payment of a grant, we are expected to provide Stratton St Margaret Parish Council with a report on the progress of this project and how the money has been spent.

Signature 1 (Person submitting form)	Date:
Signature 2 (Chairperson or senior representative of the Management Committee)	Date:

CHECKLIST

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

I have: (Please tick)	<input type="checkbox"/> Answered every question <input type="checkbox"/> Enclosed a copy of our constitution (if you are not a registered charity) <input type="checkbox"/> Enclosed a copy of our latest accounts and/or treasurer's statement <input type="checkbox"/> Signed the Declaration (two signatures if possible)
-------------------------------------	--

**ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS.
APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR PROJECT TAKING PLACE IN ORDER TO BE
CONSIDERED AT THE APPROPRIATE MEETING**

Completed Application Forms should be returned to:
Stratton St Margaret Parish Council, Council Offices, Grange Leisure, Grange Drive, Swindon, SN3 4JY
Tel : 01793 823761 email: assistant.clerk@strattonstmargaret.gov.uk