



APPLICATION FOR FINANCIAL ASSISTANCE

Name of Organisation

Contact Details

(person with whom this application can be discussed and to whom any cheque should be sent)

Name

Position

Address

Post Code:

Telephone Number

About Your Organisation

What are the aims and activities of the organisation?

Are you affiliated to a national organisation?

**delete as appropriate*

**Yes, please specify.....*

** No*

Are you a registered charity?

**delete as appropriate*

**Yes, please specify your charity number.....*

** No*

Does the organisation have a membership?

**delete as appropriate*

**Yes / No*

If yes please state

The current number of members.....

The rate of annual subscription £..... / annum

If No, who is the organisation accountable to?

Please specify

If applicable to your organisation, are your volunteers / coaches appropriately trained?

**delete as appropriate*

**Yes, please specify.....*

** No, please explain.....*

Are your volunteers / coaches checked? (e.g. Enhanced CRB and Proof of)

**delete as appropriate*

**Yes, details.....*

** No, details.....*

Project Information

What would the grant be used for?
 General running costs / New project Please specify with as much detail as possible.....

Approximately how many people will benefit from this grant?

Total number.....

Number of Sarratt residents.....

How will the residents of Sarratt benefit? (please continue on a separate sheet if required.)

Project Costs

Total cost of project £ (please supply quotes if possible)

How much assistance are you requesting from Sarratt Parish Council?

£

How do you intend to fund the rest of the project?

- Use of existing funds? Please specify amount £.....
- Fundraising? Please specify amount anticipated £.....
- Grants from other sources? Please specify sources and amount.....

Payment Details

Account title
 Account number
 Bank / building society name
 and address

Please note cheques will be made payable to the name of the organisation and sent to the contact as detailed unless otherwise advised.

Declaration

Please sign this form to confirm that:

- The information supplied is full and correct to the best of your knowledge;
- You have read, understood and complied with the conditions of funding;
- It is understood that Sarratt Parish Council reserve the right to reclaim the grant in the event of it being used for purposes other than specified, or the organisation ceasing to operate.

Signed

Name

Position

Date

For Office Use Only

Grant Awarded £.....

Cheque No.:

Meeting Date: