

ELLISFIELD PARISH COUNCIL

APPLICATION FOR GRANT - ORGANISATION/GROUP ONLY

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

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 ELLISFIELD		9. If "YES" how many ELLISFIELD residents benefit on a regular basis from your organisation?	
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 OUTSIDE ELLISFIELD, how many ELLISFIELD residents do [or will] regularly benefit from the services you provide? <i>Please enter in the box on the right >>></i>			
12. Are you seeking Grant Aid from other sources? [e.g. B&DBC, Hampshire CC 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	
16. Have you ever received a grant from Ellsifield Parish Council at any time in the past?	YES/NO	17. If "YES", please enter month, year & amount: DATE when grant awarded?	
		AMOUNT awarded? £ _____	

18. What GRANT SUM are you applying for to ELLISFIELD PARISH 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?

Start date?

Finish Date?

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 use additional sheet if necessary

25. Have you made any grant application to any other body for grant aid for this project? Yes/No.

If yes please give details (if necessary please continue on a separate sheet)::

Name of organisation applied to	Amount applied for	Date of Application	Amount Received

If you have received any other sources of funding in the past year, not specified above, please give details (if necessary please continue on a separate sheet):

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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 ELLISFIELD ON LODDON PARISH 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:** _____

Accompanying Documents

Annual Accounts/ 6 Months Bank Statements

Latest AGM Minutes

Constitution

Additional Documentation Please specify

FOR OFFICE USE ONLY :

Date received:

Amount:

Grant awarded: Yes/No

Under section

Conditions applied to Grant Yes/No