GREAT WAKERING PARISH COUNCIL

SCHEME OF GRANTING FINANCIAL ASSISTANCE

TO NON PROFIT MAKING ORGANISATIONS

**APPLICATION FORM**

Please complete the form in black ink in capital letters.

Applicants must read our Grant Funding Policy before completing the application form

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| **DETAILS OF ORGANISATION** |
| Name of Organisation |  |
| Name of person making grant applicationand position in Organisation |  |
| Address for correspondence |  |
| Tel. NoEmail Address: | DayEvening |
| **GENERAL INFORMATION ABOUT THE ORGANISATION** |
| Summary of aims and objectives |  |
| How will the Great Wakering CommunityBenefit from the Award of a Grant? |  |
| Is the organisation a Registered Charity?(if so, please give registration number) |  |
| Number of members in the organisation |  |
| Number of members resident in Great Wakering |  |
| If membership is restricted please qualify |  |
| Is there a charge for membership, or doyou rely on voluntary contributions?Please give details |  |

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| **DETAILS OF GRANT APPLIED FOR** |
| Purpose for which the grant is required. Please give full details, including how yourOrganisation/Great Wakering residents will benefit (continue on separate sheet ifNecessary) |
| Total Cost of the project/purchase |  |
| Amount of grant requested |  |
| Funds available from the organisation’s own resources for this project |  |
| Funds granted from other bodies for this particular project (please give details)Outcome of applications made. |  |
| Is there a shortfall in these figures? If yes, how do you propose to fund the deficiency? |  |
| **PREVIOUS APPLICATIONS** |
| Please give details of all grant applications made by your organisation to the Parish Council whether successful or not, in the last five years**Dates and Amounts Successful**1. Date: £ YES/NO
2. Date: £ YES/NO
3. Date: £ YES/NO
4. Date: £ YES/NO
5. Date: £ YES/NO

 Total to date: £ |

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| **ACCOUNTS** |
| **Bank Details:****Bank:****Sort Code:****Account number:** |
| Please attach a copy of your most recent accounts and balance sheet/financial statement to this application. If you are a new organisation without past accounts, please attach a copy of your budget for the year.NB Wherever possible all these should be submitted. |

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| **DECLARATION** |
| We confirm that we are making this application on behalf of the organisation named.We undertake on behalf of the organisation that any financial assistance offered will only be used for the purpose for which it has been granted, and will be returned to Great Wakering Parish Council if it is not required for that purpose. We understand that any false declaration or information will disqualify any further application for a period of not less than 5 years. Statement of accounts and/or balance sheet and/or financial statement for the previous year MUST be attached. |
| Signed | Signed |
| Chairperson | Treasurer/Secretary |
| Print Name | Print Name |
| For and behalf of | Date |

**Checklist**

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| 1. **Rules and Guidance Notes Read**
2. **All Sections Completed in Full**
3. **All Proper Signatures Obtained**
4. **All Dates Inserted**
5. **Currently Applying Audited Statement of Accounts and/or Balance Sheet and/or Financial Statement**
6. **Chairperson, Treasurer and Secretary are all Separate Individuals and Bona-fide Officers of the Organisation**
7. **Verifiable Quotations Attached Where Applicable**

**NB No section should be left blank.****An audited statement of accounts and/or balance sheet and/or financial statements certified by the organisation Treasurer MUST be included.****All queries to the Parish Clerk on 01702 219343 or enquiries@great wakering-pc.gov.uk****Please return the application with supporting information to:****Clerk to the Council****Great Wakering Parish Council****Council Offices****Little Wakering Hall Lane****Great Wakering****Essex****SS3 0HH** |

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| We confirm that all of the foregoing information given in this form is a true and accurate statement forming the basis of a grant/donation award application to Great Wakering Parish Council. Should an award be granted and some of the information contained in the application is subsequently found to be false or inaccurate we undertake to refund the award in full within three calendar months of notification of the same by the Parish Council.**Signed …………………….. Chairperson Signed……………..........Secretary/** **Treasurer****Print Name………………………… Print Name…………………………….****For and behalf of: (state organisation)…………………………………………………..** |

**SCHEME FOR GRANTING FINANCIAL ASSISTANCE TO NON PROFIT MAKING ORGANISATIONS**

1. Grants made to successful applicants may be made in the following financial year (1st April to 31st March).
2. Applicants are required to complete the Parish Council’s form to apply for financial assistance and to provide all the information requested.
3. In considering an application for financial assistance, the Parish Council will take into account the purpose for which the grant is required, the organisation’s statement of accounts and/or balance sheet and/or financial statement, how the grant will benefit the residents of Great Wakering, other bodies to which applications for financial assistance have been made, any other supporting information and the history of previous applications in the decision making process.
4. Where a grant is offered for a project/purchase still in the planning stages the Parish Council may pledge to grant a certain sum which will only become payable when the project is under way. In this case the offer will only be kept open for a period not exceeding nine months. The project/purchase must have commenced, or a firm commitment made to a start date before the grant can be claimed and this must be within nine months of the offer of financial assistance being made. After this time the offer will lapse.
5. Applications will be considered by Full Council. Applicants will be informed of the outcome of their application as soon as possible after the meeting at which it was discussed.
6. These notes are an abstract of our full Grant Award Policy. Applicants must read the full policy in full before completing the application form.

S Hyatt – Clerk to the Council

Adopted 22nd April 2015