

FISKERTON PARISH COUNCIL

GRANT APPLICATION FORM

Please complete this form clearly using black ink so that details will still be readable if the form is photocopied or scanned

A. YOUR DETAILS

1. Name of organisation in full:
2. Name and address of person making the application
(To whom all correspondence will be sent)
3. Daytime telephone number:
4. E-mail address:
5. Organisation name to which cheques should be made payable to:

B. YOUR ORGANISATION

6. Registered charity number (where applicable)
7. Year your organisation was established:
8. In a few words tell us what does your organisation does? *Please give aims and objectives and attach any other publicity information you consider appropriate*
9. What area is served by your organisation?
10. Where are your organisation's headquarters?
11. What is the total membership of your organisation?
12. How many of your members live in Fiskerton?

13. Please give the names and addresses of the officers of your organisation

Chairman

Treasurer

Secretary

- 14.** Where applicable please provide a copy of your organisation's latest audited accounts, together with income and expenditure for the current year. If the latest annual accounts indicate a large reserve and/or surplus please explain below why you are applying for additional funds.

- 15.** For new organisations without previous audited accounts - please supply a business plan detailing how your organisation is structured, its aims and ambitions, and provide a constitution if available.

C. GRANT REQUEST / LOAN REQUEST (please specify)

- 16.** Amount of grant/loan you are seeking?
(Remember 50% to a maximum £500)

£

- 17.** What is the total cost of the project?
(Where applicable please provide a quotation)

£

- 18.** What will the grant be used for? (See policy regarding grant use)

- 19.** How many people in Fiskerton do you estimate will be receive benefit from the grant?

20. Has your organisation applied for funds from other sources? YES/NO*

(If yes, please give details)

Source:	Amount	Successful
		Yes/No*
		Yes/No*

21. Please indicate below what other fund raising efforts your organisation will make?

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22. Please indicate the number of people in age range of the beneficiaries of an award, e.g. young children/ youth / working age adult / senior citizens.

Age Range	Number
Under 6 years	
7 – 17 years	
18 – 66 years	
66 +	
All of the above	

D. STATEMENT IN SUPPORT OF GRANT REQUEST

23. Please use the space below if you wish to include a Statement in support of your application.

You may include with your application a reference from a professional or responsible member of the community such as teacher; doctor; solicitor; or County Councillor who supports your project.

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24. If the application is successful Fiskerton Parish Council will expect to be included in any publicity and have its contribution toward the project acknowledged. There may also be conditions attached to any grant awarded covering how to repay the grant should it not be used for the purpose for which it is intended as per the application form, or if a project or event is cancelled.

E. CERTIFICATION

I certify that the above information and the contents of the attached documents are correct at the time of applying. I also understand that if any of the information is subsequently found to be incorrect this may lead to the organisation being disqualified from consideration and/or the withdrawal of any grant awarded. I agree to my organisation being bound by the eligibility criteria and any conditions set by Fiskerton Parish Council.

Name

Signature

Position in Organisation

Date