WHADDON PARISH COUNCIL

SMALL GRANT APPLICATION FORM

Applications for grants are open to organisations which provide support or services that improve the social, cultural or economic wellbeing of the residents with the parish or the surrounding area and may be available as a one off stand alone grant or considered as part of a jointly funded or matched scheme. The maximum grant from the parish council under this scheme is £……….

Part A – Details of Organisation

1. Name of Organisation ..............................................................................................................

2. Address ......................................................................................................................................

3. Contact Person’s Name and Position ...........................................................................................

4. Telephone number........................................ Fax..........................................................

5. Is the organisation a UK Registered Charity?       Yes .................. No ..................

   If yes, please quote Charity Registration Number ............................................................... and confirm registration with Charity Commission is still valid Yes............. No ............

   If the organisation is not a UK Registered Charity, please provide details of a UK Registered Charity through which any grant awarded can be paid:

   Name: ................................................................................ Charity No. .........................

   If a grant is awarded, who should the cheque be made payable to?

6. Main objectives of your organisation, including information about the area served (if you wish to enclose additional information on your organisation this will be most welcome).

7. Purpose for which the grant is requested ...................................................................................

8. Who will benefit from the grant?  ☐ Older People  ☐ Young People  ☐ Disabled

   ☐ Homeless  ☐ Other (please specify) ......................................................................................

- 1 -
9. How many people will benefit, and in what ways? .................................................................
........................................................................................................................................
........................................................................................................................................

Part B – Financial Information

10. Total cost of project outlined in item 7 on previous page £ ..............................................

11. Please provide breakdown of costs & attach a project or organisational budget
(whichever is applicable) ........................................................................................................
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12. Please state the amount you are requesting from Whaddon Parish Council
£ ........................................................................................................................................

13. Details of other funding applications made for this project:

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<thead>
<tr>
<th>Name of Organisation</th>
<th>Amount applied for</th>
<th>Status of application</th>
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14. Please give details of two independent referees:

................................................................. .................................................................
................................................................. .................................................................
................................................................. .................................................................
Tel:................................................................. Tel:.................................................................

✓ Please use this checklist to ensure you have included the following:

☐ A fully completed application form and budget
☐ Most recent audited/independently inspected accounts, or income and expenditure budget
☐ An income and expenditure budget for the current financial year
☐ Please tick this box to confirm that all staff working with your group have had appropriate
  (i.e. to the correct level) and satisfactory checks through the Disclosure and Barring
  Service (DBS). If your organisation is exempt from these checks (i.e. does not work with
  a vulnerable client group) please confirm this in writing.

I confirm the above statements are true and that all the information provided in this
application is correct.

Signature: .................................................. Date: ..................................................

Print name..................................................

We reserve the right to share with other grant makers information received from applicants requesting
funding and from those in receipt of funding, unless an organisation expressly indicates otherwise.