NEW ALRESFORD TOWN COUNCIL

Alresford Recreation Centre, The Avenue, Alresford, Hampshire, SO24 9EP
Tel: 01962 732079 Website: www.newalresford-tc.gov.uk

COMMUNITY GRANT APPLICATION

Please read the Grant Policy to assist with completing this form and return completed form to adminofficer@newalresford-tc.gov.uk

PART 1 - YOUR ORGANISATION

NAME OF ORGANISATION

NAME OF CONTACT

ADDRESS OF CONTACT

TELEPHONE NO:

EMAIL ADDRESS:

PLEASE BRIEFLY OUTLINE THE ACTIVITIES OF THE ORGANISATION AND DETAILS OF WHERE IT OPERATES

PLEASE GIVE NUMBERS OF MEMBERS AND BENEFICIARIES OF THE ORGANISATION

A) PAID MEMBERS	
B) VOLUNTEERS	
C) BENEFICIARIES	

APPROXIMATE % OF MEMBERS AND BENEFICIARIES BASED IN NEW ALRESFORD

PART 2- GRANT REQUEST

AMOUNT OF GRANT APPLIED FOR

£

WHAT IS THE TOTAL COST OF THE PROJECT/ITEM/SERVICE

£

HAS ANY FUNDING ALREADY BEEN SECURED? IF SO, PLEASE STATE VALUE AND WHERE FROM

£

HAS YOUR ORGANISATION APPLIED FOR A GRANT ELSEWHERE TOWARDS THIS PROJECT? IF YES PLEASE GIVE DETAILS

SECURED / PENDING

WHAT IS THE NATC GRANT TO BE USED FOR AND HOW WILL IT BENEFIT ALRESFORD RESIDENTS?

WHAT OTHER FUNDRAISING ACTIVITIES HAVE BEEN DONE TOWARDS THIS ITEM / PROJECT?

PLEASE GIVE ANY OTHER INFORMATION WHICH MAY HELP THE COUNCIL IN CONSIDERING YOUR APPLICATION (ATTACH COPIES OF QUOTES IF APPLICABLE)

PART 3 – PLEASE COMPLETE

PLEASE STATE BALANCE AT THE LATEST END OF YEAR ACCOUNTS AND ENCLOSE A COPY OF ACCOUNTS

LEVEL OF UNALLOCATED RESERVES

PLEASE ENSURE ALL RELEVANT DOCUMENTATION IS ENCLOSED WITH THIS APPLICATION: -

- ALL PARTS OF FORM COMPLETED.
- RECENT ACCOUNTS (AUDITED OR DRAFT)
- CONSTITUTION / RULES (IF APPLICABLE)

COPIES OF THIS COMPLETED FORM AND ANY SUPPORTING PAPERS WILL BE PUBLICISED ON THE TOWN COUNCIL AGENDA AND WILL BE DISCUSSED BY THE COMMITTEE IN THE PRESENCE OF THE PRESS AND PUBLIC.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE INFORMATION IS CORRECT. I ALSO DECLARE THAT ANY GRANT AWARDED WILL BE USED SOLELY FOR THE PURPOSES OUTLINED IN THE APPLICATION AND THAT I WILL COMPLETE A COMMUNUTY GRANT REPORT FORM UPON RECEIVING IT FROM THE COUNCIL. I UNDERSTAND THAT NATC RESERVES THE RIGHT TO RECLAIM THE GRANT IN THE EVENT OF IT NOIT BEING USED FOR THE PURPOSES SPECIFIED.

NAME ……

SIGNATURE ……

POSITION ……

DATE ……

NOTES TO AID COMPLETION OF FORM

Please read the Grant Policy to assist with completing this form.
Preference will be given to specific projects or activities rather than general running cost.
Representatives of the Organisation are welcomed to attend the meeting details of which are available on website www.newalresford-tc.gov.uk
Grants will not be given retrospectively and must be received prior to any commencement of works.
Applications must be accompanied by the latest audited or independently examined Accounts, if this is not possible please provide a reason as to why.
Additional information to support the application is welcomed, e.g. details of non-grant funding such as fund-raising events, membership fees, project plans, pictures etc.
Copies of estimates should be attached to the application where applicable.
It is appreciated that in some circumstances the questions are not appropriate to the grant request. If the question is not applicable to your organisation, please mark the response N/A
Please return this form with any supporting information to: adminofficer@newalresford-tc.gov.uk