**Logo, company name

Description automatically generatedAppendix A**

**Community Grant Application Form**

**Please read the Community Grant Policy to assist with completing the form.**

The Parish Council considers applications at the January, March, May, July, September and November meetings. Representatives of the organisation are welcome to attend. Applications must be received at least 14 days prior to the meeting.

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. If you have any questions please contact the Clerk

**Section 1 - Organisation Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | |
| What is the legal status of Organisation | Registered Charity  Unregistered voluntary/community Group  Other, please state | | | | | | |
| Charity Number |  | | | | | | |
| Address |  | | | | | Postcode: | |
| Contact number | Home: | | | Mobile: | | | |
| Email Address of applicant |  | | | | | | |
| Position within organisation |  | | | | | | |
| Aims and objectives of organisation |  | | | | | | |
| Organisations main activities |  | | | | | | |
| Does the organisation work solely for the benefit of Boyatt Wood residents?  Yes  No | | | | | | | |
| How many residents’ benefit |  | | | | | | |
| What % residents use your organisation |  | | | | | | |
| What benefit does your organisation bring to BW |  | | | | | | |
| Section of Community that will benefit (Eg. boys, girls, adults, over 60 etc) | | | | | | | |
|  | | | | | | | |
| Number of paid employees | Full Time |  | | | Part-time | |  |
| Number of Volunteers/Members |  | | How many reside in BW | | | |  |

**Section 2 - Grant Details**

Please provide responses below question.

|  |  |
| --- | --- |
| Why is the Grant required? | |
|  | |
| What other grant aiding bodies have/will you be applying to? | |
|  | |
| Please provide full breakdown of project costs | |
|  | |
| Total cost of project £ | Including VAT £ |
| Organisations own funding | £ |
| Other grant funding | £ |
| Other funding | £ |
| Grant requesting from BWPC | £ |
| Are you able to claim VAT refunds Yes  No | |
|  | |

**Section 3 - Financials**

Please provide a copy of the latest end of year accounts, detailing income and expenditure and recent bank statement.

|  |  |
| --- | --- |
| Have you received a grant in the previous 2 years? | Yes  No |
| Bank balance for all accounts | £ |
| Details of reserves held and purpose |  |
|  |  |
|  |  |

Please provide bank account details if grant awarded.

|  |  |
| --- | --- |
| Name of Bank |  |
| Account name |  |
| Sort code |  |
| Account number |  |

**Section 4 - Declaration**

I hereby confirm that I am duly authorised by the Organisation to submit and sign this application on its behalf and that the Organisation will abide by the terms of the Community Grants Policy.

I understand that the information provided will be retained by Boyatt Wood Parish Council for as long as it is required.

I certify that the information provided is true and correct.

Name: ..…………………………………………………………………………………………………………………….

Signed: ..........................................................................................................................

Date: .............................................................................................................................

Position within organisation: ..............................................................………………………..

Contact Telephone number: ........................................................................................

Forward completed application, annual accounts and supporting documentation to [clerk@boyattwood-pc.gov.uk](mailto:clerk@boyattwood-pc.gov.uk)