

NORTHILL PARISH COUNCIL

APPLICATION FOR FINANCIAL ASSISTANCE BY VOLUNTARY ORGANISATIONS/GROUPS

1. NOTES TO THE APPLICATION FORM

- i) Please read the attached guidance sheet before completing this form.
- ii) After completing this form please return to:

Mrs Linda Trevena,
Clerk to Northill Parish Council
10 St Margarets Gardens
Biggleswade
Beds SG18 8NU
CLOSING DATE FOR APPLICATIONS IS 30th April 2009
- iii) If you wish to discuss your application beforehand or require assistance please contact the Parish Clerk on 01767 221930 or parishclerk@northillparish.co.uk.
- iv) If your organisation has full audited accounts please enclose a copy of the latest accounts with the application.
- v) Successful applicants may be required to submit a short report outlining the use made of the grant within three months of the project's completion.

2. SUPPORT INFORMATION

- i) Name of organisation / group.....
- ii) Where is the organisation based?.....
- iii) Age range for services provided.....
- iv) Is your organisation a registered charity?.....
- v) Is your organisation affiliated with any national organisation?.....

Please describe briefly the aims of the organisation.

Please list the organisation's current activities and proposals for the next 12 months.

3. NATURE OF APPLICATION (you may provide additional information on attached sheets but these should not exceed two sides of A4 paper)

For what purpose is the grant required?

How much grant aid are you requesting.

If required to assist general running costs - please confirm the dates of the financial year relative to your application:

From

To

Or – if required to finance a specific project or purchase, please give details, including the total estimated cost of the project and/or equipment concerned.

4. FUNDING RECEIVED

Has the organisation approached any other funding sources for assistance during the past year? Please provide the details below.

Source

Amount Requested

Amount Received

5. PAYMENT DETAILS

The following information is required to enable any grant awarded to your organisation to be forwarded by way of cheque

Account Name

Address where cheque should be sent.....

Name of Treasurer of organisation.....

6. CONTACT

Please provide contact details for the person with whom this application can be discussed, if necessary

Name	Position held within organisation
Address	Telephone Number: Daytime
	Evenings

7. DECLARATION

The information given in this application, and supplied with it, is to the best of my knowledge true and accurate. Any financial assistance awarded will be spent for the purposes requested. I understand that copies of this application form and other supporting documentation may be made available to officers and councillors of Northill Parish Council.

Signed for and on behalf of the organisation

Date

Name (please print)

Position held within organisation

Please turn to and complete Section 8 – Financial Information

8. FINANCIAL INFORMATION

Please complete and supply a copy of the organisation's latest audited accounts, if the same are produced

	<u>Previous Fin. Year</u>	<u>Current Fin. Year</u>	<u>Next Fin. Year</u>
	Year ended	Year ended.....	Year ended
	£	£ (estimated)	£ (estimated)
Income :			
Grants			
Subscriptions			
Other income			
Total income			
Expenditure :			
Salaries & wages			
Operational expenses – travel, publicity			
Admin expenses – printing, stationery, postage, telephones			
Premises expenses – rent, equipment, repairs & maintenance, insurance			
Other expenses			
Total expenditure			
Surplus/deficit			
Accumulated funds:			
General reserves			
Other funds			

Please state for what purpose the accumulated funds are reserved: