



HIGHCLIFFE and WALKFORD PARISH COUNCIL

APPLICATION FOR GRANT - ORGANISATION/GROUP ONLY

[The Council regret that they are unable to consider grants or sponsorships for individual persons]

- This form **MUST** be completed **IN FULL** before the Council may consider any grant application. Applications must also enclose copies of their organisation's **CONSTITUTION**, their most recent **ANNUAL REPORT**, their last **AGM MINUTES**, and a copy of their most recent published **ANNUAL ACCOUNTS**.
- Grants will not be made retrospectively.
- Applicants are encouraged to appear in person before council or grants committee to present their application and answer questions.

1.	FULL NAME OF ORGANISATION	
2.	FULL POSTAL AND EMAIL ADDRESS OF ORGANISATION.	
	Email:	
	Address	
	POST CODE	
3.	Regd. Charity No. [If applicable]	
4.	Contact telephone number	
5.	Full NAME of organisation's delegated contact.	
6.	Position/Title of nominated contact.	
7.	Please describe your organisations aims and objectives.	
8.	Does your organisation work SOLELY for the benefit of the people of Highcliffe and Walkford?	YES/NO
9.	If "YES" how many Highcliffe and Walkford residents benefit on a regular basis from your organisation?	
10.	If the answer to question 8 is "NO", please specify the geographical areas that you provide for and the number of persons that regularly benefit from your Charity or organisation.	
11.	If your organisation is OUTSIDE Highcliffe and Walkford, how many Highcliffe and Walkford residents do [or will] regularly benefit from the services you provide?	

13.	How many UNPAID VOLUNTEERS	
14.	How many FULL TIME PAID	
15.	How many PART-TIME PAID staff	
16.	Have you ever received a grant from Highcliffe and Walkford Parish Council	YES/NO
17.	If "YES",	
	DATE when grant awarded?
	AMOUNT awarded?	£

PART 2. - ABOUT YOUR GRANT APPLICATION

18.	What GRANT SUM are you to Highcliffe And Walkford Parish Council for?	In numbers: £
		In letters:
19.	What is the TOTAL project cost?	
20.	Where is the balance of the project funding coming from?	
21.	Would you please specify what the grant would be used for? [e.g. Capital project, Running costs, etc]	
22.	If the grant is towards a project development, do you require formal planning consent?	
23.	If the grant is to be used for a PROJECT, when do you expect to start and finish?	
24.	Please give any additional information that you feel is relevant, or will support the grant application e.g. Any fund raising events undertaken by your organisation, & any amounts raised. [other than grant applications]	

PLEASE NOTE:

If your grant application is successful, whether in whole or in part, it would be conditional upon you [i.e. your organisation] acknowledging HIGHCLIFFE and WALKFORD PARISH COUNCIL in your Annual Report, or in any other publication [Newsletter, magazine, etc] relevant to your organisation. In signing this grant application, you agree to be bound by this condition.

Signed

[Nominated authority/contact listed page 1.]

DATE of application
Enclosure Checklist

1. CONSTITUTION.
2. RECENT ACCOUNTS.
3. MINUTES OF LAST AGM
4. ANNUAL REPORT

FOR HIGHCLIFFE and WALKFORD PARISH COUNCIL USE ONLY

Date application received?

Date acknowledged/replied to?

Recommended [committee] £

Approved/Ratified [Full Council] £

AMOUNT OF GRANT PAID? £

DATE PAID? Account ref