**OAKINGTON & WESTWICK PARISH COUNCIL**

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| **GRANT APPLICATION FORM** |

**Please complete this form as clearly as possible and return it to the above address**. *The application form (only) will be circulated to all Members of the Council for consideration.*

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| **Please refer to the criteria in the policy before the completing this form.**  |

*Where \* please delete as appropriate.*

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| **CONTACT DETAILS** |
| **Name of organisation, e.g. Club, Group or Organising Group (for Event):** |
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| **Contact person for this application:** |
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| **Position held (e.g. Chairman, Secretary or Treasurer):** |
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| **Correspondence address:** |
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| **Email address:** |
|  |
| **Telephone number:** |
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| **ABOUT YOUR ORGANISATION/GROUP** |
| **What type of organisation/group are you?** | Unregistered community group/club/society\*Registered charity\* - Other (please state): |
| **Charity Registration No. (if applicable)** |  |
| **How long has the organisation/group been in existence?** |  |
| **Do you have a Constitution or a set of governing rules?** | Yes/No\**If yes, please provide copy with this application**If none available, please explain management structure on a separate sheet.* |

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| **What area does your organisation/group cover?***The Council can only fund grants to organisations/groups who can demonstrate direct benefit to residents of Oakington or Westwick* |   |
| **Describe the people you mainly work with:** |  |
| **How often do you meet?** |  |
| **Where are meetings held?** |  |
| **How many members do you have?** |  |
| **What membership restrictions apply, if any?** |  |
| **What percentage of these members are residents of the Oakington and Westwick Parish?** |  |
| **What is the normal membership fee? (Indicate if**  | Junior:  |  |
| **different fees apply to residents / non-residents)** | Adult: |  |
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| **YOUR ORGANISATION’S FINANCES** |
| **Financial year (please state):** |  |
| **Income** |  |
| **Expenditure** |  |
| **Reserves** |  |
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| **DESCRIBE THE PROJECT OR ACTIVITY THIS GRANT WOULD BE USED FOR** |
| **Please provide a detailed description of the event for which you are seeking funding.** *Detailed projected costings* ***must*** *also be supplied.* |
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| **What is the total cost of the capital purchase/ project?** |  |
| **For which element of the purchase/project is your organisation seeking funding?** |  |
| **Who will benefit from this capital purchase/ project?** |  |
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| **Amount for which the organisation or group is seeking grant aid from the Parish Council**  |  |
| **How much does the organisation or group expect to raise by its own efforts and how?** |  |
| **How will the rest of the cost be financed?** |  |
| **What other organisations may use the organisation or group’s facilities?** |  |
| **What other organisations will benefit from this project or scheme?** |  |
| **What facilities have been previously provided or improved as a result of the organisation or group’s own efforts?** |  |
| **Has the organisation or group previously applied for a grant from this Parish Council?** | Yes/No\**If yes, please give brief details and the date of any grant received:* |
| **Has the organisation or group made any grant application to any other Authority or grant making body for funding support for this event, project or scheme?** | Yes/No\**If yes, please provide name of the Authority/funding organisation:**Date(s) of application(s):* *If result of application(s) known, amount of grant(s) received:* *£*  |
| **PAYEE DETAILS FOR ANY FUNDING AWARD***Grant funding will be paid by cheque or bank transfer* |
| **Name of payee organisation as it appears on bank account:** |
| **Rainbow Saver (Credit Union)** |
| Should the grant be made by bank transfer (if Yes details will be requested separately) | Yes/No\* |
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| **If there is any other information which you consider to be relevant to your application, please provide details below or on a separate sheet.** |
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| **DECLARATION** |
| **This declaration must be signed by an authorised person within the organisation or group, e.g. Committee Member, Office Holder or Trustee.****1. I am authorised to make the application on behalf of the above organisation.****2. I have read and noted the Council’s criteria relating to this application and agree to abide by the conditions listed if a grant is awarded by the Council.****3. I certify that the information contained in this application is correct.****4. If the information in the application changes in any way, I will inform the Council.****5. I give permission for the Council to record the details of my organisation electronically and to contact my organisation by phone, mail or email regarding this application.****6. If the application is successful, I give permission for the Council to publicise the project/activity in the local media and on its website.****7. I agree to provide a report, including photographs, to the Council, indicating how the grant awarded has been spent, within THREE MONTHS OF COMPLETION.** |
| **Signed**  | **Date**  |
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| **CHECKLIST** |
| Please enclose the following with your application. We will only process your application when we have received them. |
|  | **Please Tick** |
| Signed application form, with every question answered |  |
| Latest audited annual accounts (requests over £500 only) |  |
| Constitution or set of rules (if not applicable please state so) |  |
| Copy of bank statements for past six months (requests over £500 only) |  |
| Copies of written estimates/quotations for equipment/capital items |  |
| If possible, please email a copy of the grant application (only) to the Clerk |  |
| **Please send completed application form (with all supporting documentation) to:****Oakington & Westwick Parish Council****4 Meadow Farm Close****Oakington****Cambridge****CB24 3AS** |
| If you have any queries, please contact the Clerk on:Tel: 01223 232398Email: clerk@oakingtonandwestwick-pc.gov.uk |
| *You are advised to keep a copy of this application for your own records.* |
| **For internal admin use only:** |
| Date application received: |  |
| Application reference no: |  |
| Application meets criteria: | Yes/No\*If no, give reasons: |
| Meeting Date/Minute No. |  |
| Date applicant notified of outcome: |  |
| Date grant paid to applicant: |  |