



Application for Aid

Please fill with black/blue ink & either type or clearly print – we prefer an electronic version

Office use only

Application Number

Application/Organisation <small>(This should be who the cheque would be made payable to if successful)</small>			
Contact Name:			
Position held:			
Address for correspondence			
Registered Charity No. <small>(if applicable)</small>			
Website address <small>(if applicable)</small>			
Telephone:	Day	Evening	
	Mobile		
Email address: <small>(if applicable)</small>			
Preferred method of communication		<input type="checkbox"/> Mobile <input type="checkbox"/> Telephone <input type="checkbox"/> email	
Please enter a cross in one box only		<input type="checkbox"/>please indicate	
1. What is the purpose/mission statement of the organisation?			
2. Please describe in 20 words or less what the money will be spent on			
3. Please indicate how many local people will benefit from the grant			
Tick one box only 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> over 1,000 <input type="checkbox"/>			
How much grant aid are you applying for? <small>(applications of £1,000 or over may be required to make a short presentation)</small>			£

Please return by email to clerk@chaddesleyparishcouncil.gov.uk
This form is not to exceed 4 pages.

4a. Please describe in detail what the grant is for and why it is needed.

Please use this space to provide any additional information in support of your application including any photographs or financial details.

Please provide a breakdown of what the money is for and include VAT where appropriate

Item/Activity	Amount £

N.B. If the grant relates to premises or land please indicate clearly who is the owner of the premises or land

4b. Applications of £1,000 and over only

If your application is short-listed you may need to provide a business or Project plan. Do you have one already or is one being produced? Yes ☐
No ☐

A representative from your organisation may be asked to give a short Informal presentation, would this present a problem? Yes ☐
No ☐

5. What geographical area do you serve?**6. How will it benefit the local community?**

7. What do you aim to achieve and how will you measure this?			
8. How will you ensure value for money is delivered?			
9. What is the timescale to your project?			
Project start date <input style="width: 100px;" type="text"/>		Finish date <input style="width: 100px;" type="text"/>	On going work (please tick) <input style="width: 50px;" type="checkbox"/>
Do you have an exit strategy <input style="width: 30px;" type="text"/> Y <input style="width: 30px;" type="text"/> N		Is the project time limited <input style="width: 30px;" type="text"/> Y <input style="width: 30px;" type="text"/> N (Please delete as appropriate)	
10. Does your application require matched funding? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(If yes, who will be matching the funding? Please state below)			
11. Have you received funds from the Parish Council before, if so please state?			
12. What funds do you currently have?		14. What funds are set aside for this project?	
General funds (not including reserves) <input style="width: 60px;" type="text"/> £			
Reserves <input style="width: 60px;" type="text"/> £			
13. Other sources of aid – list names of providers and amounts (please indicate whether applied for in column 1 or received in column 2)			
(1) Applied for , from	£	(2) Already received or promised by	£

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14. Who controls the organisation:-		
Board of Directors/Trustees	<input type="checkbox"/>	
Committee	<input type="checkbox"/>	
Management Group	<input type="checkbox"/>	
15. How many staff/volunteers are employed by the organisation?		
i.e. 5 part-timers each doing 7.5 hours per week + 37.5hrs = 5 days equals 1 FTE		
How many full time equivalent members of paid staff?		<input type="text"/>
How many full time equivalent members of volunteer / unpaid staff?		<input type="text"/>
How many volunteer hours per year?		<input type="text"/>
Declaration	(to be completed by all applicants)	
<p>I am applying on behalf of the above named organisation and declare that:</p> <ol style="list-style-type: none"> 1. The information provided in this application is correct 2. I confirm that the grant will only be used for the purposes described 3. I undertake on behalf of the organisation that any aid made under the programme or any such part of it will be repaid if: <ul style="list-style-type: none"> a) The organisation is found to be breach of the conditions applied to the grant <p>or</p> <ol style="list-style-type: none"> b) The grant ceases to be used for the purpose for which it was given. 		
Form completed by: Full name please		Date
Is your organisation registered for VAT. YES/NO (delete as appropriate)		
In some instances the Parish Council may commission the work themselves in order to reclaim VAT. Please enclose a copy of at least two competitive quotations where appropriate.		

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