

**AMERSHAM TOWN COUNCIL  
GRANT AID APPLICATION FORM**

**Please answer all questions. Please refer to the Guidelines for Completion. If you would like further help with filling in this form, please call the Town Council Office on 01494 434000.**

**Completed application forms should be returned to:**

Amersham Town Council  
Flint Barn Court  
Church Street  
Amersham HP7 ODB

**Section 1. About your Organisation.**

1. Name of organisation	
2. Address for correspondence	
3. e-mail address	
4. Telephone No.	
5. Website	
6. Main contact name	
7. Position in group	
8. Address if different	
9. e-mail address	
10. Telephone No.	

11. Is your organisation? (please tick as appropriate)

A registered charity	<input type="checkbox"/>	Voluntary or community group	<input type="checkbox"/>
Community interest company	<input type="checkbox"/>	Other	<input type="checkbox"/>
Charity or Company No.			

12. When was your organisation formed? Month                      Year

13. What does your organisation do?

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14. How many people are involved in the organisation?

Committee	<input type="checkbox"/>	Paid workers	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
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If you need help completing this form call 01494 434000

## Section 2. About your Organisation's Finances

15. What was the turnover in the last financial year/12 months?

Income	Expenditure
£	£

16. Does your organisation have a bank account which requires at least two signatures?

Yes		No		Account Name
If No, how will you receive and deal with funds if they are approved?				

## Section 3. About the Project

17. Please tell us what you need the funding for.

Continue on separate sheet if required.
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18. How do you know that there is a need for this project and how will it benefit the community?

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19. How will you know if you have achieved what you set out to do?

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20. How many people do you expect will benefit from this activity? (Please estimate numbers for each category)

Category	No.	Category	No.	Category	No.
Children		Youth		Elderly	
People with special needs		Lone parents		Other	
What percentage of participants will be residents of Amersham?					

21. Are appropriate policies/rules in place to support this type of project? (for example, if a project for children, do you have a child protection policy?)

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22. When will the project start and end?

Start date:	End date:
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#### Section 4. Funding requirement

23. How much money are you applying for?

£

24. Please give a breakdown of total costs for the project:

Item	Detail	Cost £
	<b>Total</b>	

25. If the total cost of the project is more than this application, how will you raise the rest of the money?

<b>Method of fundraising</b>	<b>Amount</b>
<b>Total</b>	

26. We cannot process your application unless you have included with your application:

- A copy of your constitution or a set of rules for your organisation.
- Information about your finances (audited accounts or income and expenditure records for the last two financial years – unless you are a new organisation, when we would wish to see copies of recent bank statements.)
- A list of names and addresses of your management committee (for information purposes only)
- Relevant policies eg. Equal opportunities, child protection etc.
- Appropriate signatures.

### **Section 5. Declaration**

**We confirm that the information given in this application is correct.**

**We are authorised to make this application on behalf of:**

Name of Organisation

**Signed**

**Name**

**Position in organisation**

**Date**

**Signed**

**Name**

**Position in organisation**

**Date**