WROUGHTON & WICHELSTOWE PARISH COUNCIL
GRANT APPLICATION FORM

Please read the attached guidelines before completing this form. Please use black ink and block capitals. You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets. You will be expected to complete a short end of grant report within 30 days of the end date

A. Your organisation

Please give us the following information about your organisation:

Name of Organisation & Charity No if applicable: ……

Address:……

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……Post Code: ……

Description of your organisation's activities. Please list your aims and objectives.

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How long has your organisation been in existence? ……

B. Contact Details

Name of contact: ……

Position: ……

Address for correspondence (if different from above):

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……Post Code: ……

Tel:……..…..(daytime) ……..……...(mobile)

Email: ……..……

C. Your Application

a) Brief description of project or scheme for which grant is intended

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b) Who will benefit from the proposed project or scheme and how many of these are Wroughton & Wichelstowe Parish residents?

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c) Total cost of project or scheme: £……..... d) How much are you applying for? £……

e) Start date of spend……... End date of spend on project ……

Please give an itemised breakdown of the expenditure for which this money which is being applied for.
Please include evidence (e.g. suppliers' estimates or price lists) of the likely cost of all items of expenditure where possible.

ITEM	COST £
TOTAL	**£**

d) Have you made any grant application to any other body for grant aid for this project? Yes/No. If yes please give details:

Name of organisation applied to	Amount applied for	Date of Application	Amount Received

If you have received any other sources of funding in the past year, not specified above, please give details:

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D. Previous Applications

Has your organisation previously applied for a grant from this Parish Council? If YES, please give details of the project and the date and amount of grant received if any. Was the project as described completed?

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E. Additional Information

Are there any other comments you wish to make to support this application? Please give this information below, or attach a separate sheet:

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F. Your Financial Situation
(not required if grant under £250)
All applications must be accompanied by the following financial information: **If you do not supply this information your application will not be considered unless previously agreed in writing by the Council.**

- Copy of your certified or audited accounts (where applicable) from your last financial year.
- Photocopy of last 3 months recent bank statement.
- If your organisation has been in existence for less than that a year, a copy of your income /expenditure budget for your first year operation.

If you are unable to supply this information, please contact the Clerk for advice before submitting this application

G. Confirmation of organisation validity;

Please tick to confirm that you have the following in place

Requirements	
Constitution	
A committee with a minimum of 3 unrelated people	
Bank account requires 2 signatories	
Equal Opportunities Policy	
Safeguarding Policy	

FOR OFFICE USE ONLY

Date received: …….....

Grant awarded: …….....

Amount: …….....

Signed: ……..…… **Date: ……**

Please return to the Clerk, Wroughton & Wichelstowe Parish Council, ECC, Barrett Way, Wroughton, Wiltshire, SN4 9LW. All applications will be considered by the Council's Staffing & Finance committee at its monthly meeting. If you have any queries, please contact a member of staff on 01793814735 or email clerk@wroughton.gov.uk.

TO COMPLY WITH GDPR THIS DOCUMENT WILL BE RETAINED FOR THE LENGTH OF THE AGREEMENT AFTER WHICH TIME IT WILL BE DESTROYED. UNSUCCESSFUL GRANT APPLICATION FORMS WILL BE DESTROYED IMMEDIATELY.