

## WINDLESHAM PARISH COUNCIL

## **GRANT APPLICATION FORM GRANTS OVER £1000**

Please complete all details in BLOCK CAPITALS

| Please indicate which grant you wish to apply for: |                               |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| General Grant □                                    | Open Spaces Maintenance Grant |  |  |  |  |
|  |                               |  |  |  |  |
| Name of Organisation                               |                               |  |  |  |  |
| Registered Charity Number (if applicable)          |                               |  |  |  |  |
| Contact Name                                       |                               |  |  |  |  |
| Position within the organisation                   |                               |  |  |  |  |
| Telephone number                                   |                               |  |  |  |  |
| Address of organisation                            |                               |  |  |  |  |
|  |                               |  |  |  |  |
| Postcode   |                               |  |  |  |  |
| Email address                                      |                               |  |  |  |  |
| Total cost of purpose/project                      | £                             |  |  |  |  |
| Amount of grant requested                          | £                             |  |  |  |  |
| Detail grants received (or applied                 |                               |  |  |  |  |
| for but not yet determined) from other sources:    |                               |  |  |  |  |
|  |                               |  |  |  |  |
|  |                               |  |  |  |  |
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|  |                               |  |  |  |  |
|  |                               |  |  |  |  |

| What are your organisation's objectives?  |  |
|---|--|
| For what purpose / project is the grant requested, and what is the evidence based need for the grant? |  |
| How will you monitor and evaluate achievement of your objectives?                                     |  |
| How does the application meet the criteria for this fund?   |  |

| How will you ensure that the services provided are fully accessible to the community? If there are any restrictions placed on who can use / access your service you must provide details here: |              |                     |                    |   |
|--|--------------|---------------------|--------------------|---|
| Has community engagement been  |              |                     |                    |   |
| undertaken?  |              |                     |                    |   |
|  |              |                     |                    |   |
|  |              |                     |                    |   |
|  |              |                     |                    |   |
|  |              |                     |                    |   |
| [ <del>-</del>   |              |                     | 1                  |   |
| Total number of users of your organisation   |              |                     |                    |   |
| Number of your users resident in Wir benefit from the grant  | ndlesham Pa  | arish who will dire | ectly              |   |
| Where expenditure is for maintenance   |              |                     | •                  |   |
| building or land please specify the nu   | ımber of yea | ars left on the lea | se                 |   |
| Current bank balance   | £            | ,                   | date / /           |   |
| Current Barnt Baration   |              | •                   | date , ,           |   |
| Supporting documentation to be su  | ıbmitted wit | th the grant app    | lication.          |   |
| A copy of the written constitution   |              |                     | П                  |   |
| 7. copy of the whiteh condition  |              |                     |                    |   |
| Copies of the last financial year-end accounts   |              |                     |                    |   |
| A copy of your latest bank statement   |              |                     |                    |   |
| If the grant relates to property matters, a copy of the lease  |              |                     |                    |   |
| Additional documentation required  | for grant re | equests over £3,    | 000                |   |
| Tendering process  |              |                     |                    |   |
| Additional documentation required  | for grants f | for tree surgery    | or tree maintenanc | e |
| Up to date tree survey or tree management plan   |              |                     |                    |   |
| — — — — — — — — — — — — — — — — — — —  |              |                     |                    |   |

| I confirm that the above organisation has read<br>Council's Equality and Diversity Policy.  | d and will conform with Windlesham Parish   |
|---|---|
| Yes 🗆 No 🗆  |   |
| Statement of understanding: I have read and organication Grant Awarding Policy and if our organisation by the conditions:   | understood Windlesham Parish Council's<br>n's application is successful we agree to abide |
| Signed  |   |
| Name  |   |
| Position in organisation  |   |
| Date  |   |
| NB. If your bid is successful you will need a bank have any queries please contact clerk@windlesh returned to The Clerk to Windlesham Parish Cou GU18 5RG or return this form to one of your loca | ampc.gov.uk. The completed form should be ncil, Council Offices, The Avenue, Lightwater,  |
| For official use  |   |
| Date Received   |   |
| Date of Council meeting   |   |
| Council decision  | Fund / Fund in part / Reject  |
| Amount to be funded   | £   |
| Date of notification of decision  |   |
| Minute number   |   |
|   |   |