

Name of Organisation: _____

Total Membership: _____ Adult Membership: _____

Other Members (Children/Families/or please specify.....): _____

Purpose of Organisation: _____

Are you a registered charity Yes/No Reg. Number _____

Individual authorised to make this application:

Name of Contact _____ Position _____

Address of Contact _____

Post Code _____

Tel No _____ (Day) _____ (Evening)

DETAILS OF APPLICATION - Amount applied for £ _____

Description of the project seeking financial support:

Estimated Total Cost	£ _____	Additional Project Funds sought	£ _____
Breakdown	£ _____	Breakdown Internal Fundraising	£ _____
	£ _____	Balances / Reserves	£ _____
	£ _____	Grant Aid	£ _____
	£ _____		£ _____

Describe the anticipated benefits to the organisation and to Castle Bromwich if this scheme is to go ahead.

Have applications been made to any other funding bodies in respect of this project

Organisation	Amount	Date	Result of Application
_____	£ _____	___/___/___	Approved / Declined
_____	£ _____	___/___/___	Approved / Declined

Details of any previous assistance received in the last 5 years from funding bodies, including Castle Bromwich Parish Council

Organisation	Amount	Purpose	Date
_____	£ _____	_____	___/___/___
_____	£ _____	_____	___/___/___

CHECKLIST FOR APPLICANTS (For Grants in excess of £100)

Organisation's budget for current year () Project estimates ()

Annual Accounts for last complete year. () Other supporting information ()

Constitution/Set of Rules ()

DECLARATION: I have read and accept the terms and conditions under which any grant awarded will be made.

Signed _____ Position _____ Date ___/___/___