**Bishop’s Waltham Parish Council**

**Parish Council Office**

**The Jubilee Hall, Little Shore Lane**

**Bishop’s Waltham**

**Hampshire, SO32 1ED**

**01489 892323**

**Grant Application Form**

**Please refer to the guidance notes and criteria before submitting your application. If you need any assistance, please contact us.**

**Organisation Name:**

|  |
| --- |
|  |

**Are you a registered charity? If so, please give your charity number:**

|  |
| --- |
|  |

**Main contact name:**

|  |
| --- |
|  |

**Contact address:**

|  |
| --- |
|  |

**Daytime phone number of contact:**

|  |
| --- |
|  |

**Contact e-mail address:**

|  |
| --- |
|  |

**Do you have a voluntary management committee / steering group? Yes / No**

**Does your group have a formal constitution? Yes / No**

**Does your group have an equal opportunities policy / statement? Yes / No**

**Does your group have an annual record of accounts? Yes / No *Please attach a copy of your most recent accounts or latest bank statement to your application.***

**Please describe your groups main activities:**

|  |
| --- |
|  |

**How much are you applying for?**

|  |
| --- |
|  |

**What is the grant for?**

|  |
| --- |
|  |

**Who in Bishop’s Waltham will benefit from it? Number:**

|  |
| --- |
|  |

**How will Bishop’s Waltham benefit from it?**

|  |
| --- |
|  |

**Have any other bodies been approached for grant funding in relation to this application/project? Yes / No**

**If yes, please provide details:**

|  |
| --- |
|  |

**Please provide a full breakdown of the project costs and how they will be funded:**

|  |  |  |
| --- | --- | --- |
| **Item** | **Cost** | **Funded from** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Project Cost** |  |  |

**What will you do if you get less funding than you asked for? Will all or part of the project still go ahead? Please tell us what could be achieved if you only receive part funding.**

|  |
| --- |
|  |

**If successful, your grant will be paid by bank transfer, please tell us who the bank transfer should be made payable to:**

|  |
| --- |
|  |

**Please read the following important terms and conditions carefully.**

You are an official representative of your group and are authorised to apply for funding on their behalf.

Your details can be held with Bishop’s Waltham Parish Council in accordance with the GDPR to administer the grants process.

The information provided in this application is a fair and accurate description of your group and the project for which you are seeking funding.

Misleading or inaccurate information may result in your application being rejected.

Late application or failure to complete any section of the application form may result in your application being delayed or rejected.

Information about your group and your project may be made available as part of Bishop’s Waltham Parish Council’s decision-making system.

Personal contact details and bank details will not be made public.

You have given due regard to health and safety considerations and have controls in place to eliminate or reduce risk exposure.

You will provide Bishop’s Waltham Parish Council with any information they request to enable them to assess your application.

This may include (but is not restricted to) a copy of your constitution, accounts or bank statements, equal opportunities policy, insurance and relevant health & safety policies.

You will provide Bishop’s Waltham Parish Council with any evidence or monitoring information they request to ensure that any grant awarded has been spent in accordance with this application and any other terms and conditions.

Grant funding may be subject to additional terms and conditions, which will be made available to you if your application is successful.

**I confirm that the information given in this application is a fair and accurate description of our group and our proposed project. I am authorised to apply for funding on behalf of the group and agree to abide by the terms and conditions of the grants process.**

**Signature:**

|  |
| --- |
|  |

**Position in organisation:**

|  |
| --- |
|  |

**Date**

|  |
| --- |
|  |

|  |
| --- |
| **Please send your completed application form, a copy of your latest accounts or bank statement and any supporting information to: The address at the top of this form.** |