



**WEST BLETCHLEY COUNCIL
GRANT FUNDING 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 West Bletchley Council on 01908 648257.

Completed application forms should be returned to:

West Bletchley Council
221 Whaddon Way
Bletchley MK3 7DZ

Admin@westbletchleycouncil.gov.uk

Section 1. About your Organisation.

1. Name of organisation	
2. Address for correspondence	
3. Email address	
4. Telephone No.	
5. Website	www.
6. Main contact name	
7. Position in group	
8. Address if different	
9. Email 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 (specify)	<input type="checkbox"/>
Charity or Company No.			

12. When was your organisation formed? Month Year

13. What does your organisation do?

14. How many people are involved in the organisation?

Committee		Paid workers		Volunteers	
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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:
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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)

18. How do you know that there is a need for this project and how will it benefit the West Blechley community? How will the funding add value to current activities available locally?

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 (aged 0-12)		Young people (aged 13+)		Older people (aged 55+)	
People with additional needs		Lone parents		Other (specify)	
What percentage of participants will be residents of West Bletchley?					

21. What policies/rules are in place to support this type of project? For example, if it is a project for children, do you have a child protection/safeguarding 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?

£

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

Item	Detail	Cost £
Total		

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

Method of fundraising	Amount
Total	

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 e.g. equalities, child protection/safeguarding, etc.
- Appropriate signatures.

Section 5. Declaration

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

We understand that we will be required to submit a brief report within 6 weeks of the completion of the activity or purchase, including photographs if appropriate. We agree that information about the funded project may be included in West Bletchley Council’s publications or social media sites.

We are authorised to make this application on behalf of:

Name of Organisation:

Signed:

Date:

Name:

Position in organisation:

Signed:

Date:

Name:

Position in organisation: