

Date Received



Sandhurst Town Council

APPLICATION FORM FOR ANNUAL GRANTS TO VOLUNTARY ORGANISATIONS

Please complete the application form fully and return to Sandhurst Town Council by **31st December 2018** to be included in our selection process for 2019/2020.

Organisation Name:

Contact Person:

Position:

Address for Correspondence:

Postcode:

E-mail Address:

Daytime Phone Number:

Please describe the objectives of the Organisation as contained in the Constitution:

Geographical Area Covered:

It is the intention of Sandhurst Town Council to record your group's name, address, postcode, telephone and e-mail address on our computer system. This data will be protected in accordance with the Data Protection Act.

Please describe the purpose for which you seek a grant:

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Amount Requested:

| |
|---|
| £ |
|---|

How many people benefited from your service in 2017/2018?

| | |
|--------|------------------------------|
| Adults | Young People 16 and under |
|--------|------------------------------|

What percentage of these are within Sandhurst Town Council's area?

| | |
|--------|------------------------------|
| Adults | Young People 16 and under |
|--------|------------------------------|

How will this grant support your service? Please be clear about whether you are seeking REVENUE funding i.e. assistance with on-going running costs and/or CAPITAL funding i.e. to purchase specific items.

REVENUE FUNDING YES / NO

CAPITAL FUNDING YES / NO

If CAPITAL FUNDING what are you purchasing:

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|--|
| |
|--|

Total cost of Capital purchase:

| |
|---|
| £ |
|---|

Total funds raised to date:

| |
|---|
| £ |
|---|

How do you intend to raise the remainder of the capital funding required?

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BUDGET

Please submit a copy of your detailed budget for 2018/2019 indicating projected income and expenditure on all major items (e.g. staffing, rent, office costs, telephone, equipment, publicity etc.)

| ITEM | AMOUNT |
|------|--------|
| | |
| | |
| | |
| | |

IF YOU HANE RECEIVED A GRANT FROM SANDHURST TOWN COUNCIL PREVIOUSLY PLEASE DETAIL WHEN AND WHAT THE MONEY WAS USED FOR

| |
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Name of Applicant:

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Position:

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Signature of Applicant:

| |
|-------|
| DATE: |
|-------|

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|--|--|
| If the Grant is successful, in what name would you like the cheque made payable? | |
|--|--|

NB You may include any other information relevant to your application which may assist the Council to determine your application.

Please return this completed application form together with your latest accounts, budget and supporting information to:

Angela Carey, Executive Officer, Sandhurst Town Council, Memorial Park, Yorktown Road, Sandhurst, Berkshire, GU47 9BJ or via e-mail to eo@sandhurst.gov.uk by 31st December 2018.