

**GODALMING TOWN COUNCIL**

**Application for Grant Aid**

1. Name of Voluntary Organisation \_\_\_\_\_

2. Contact Name, Address and Telephone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Details of Organisation; is it

- a) A Charity?
- b) A Trust?
- c) A Private Limited Company?
- d) Affiliated to any National Body?
- e) Any other official registration?

4. What are the aims and objectives of the Organisation? \_\_\_\_\_

\_\_\_\_\_

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5. Apart from general fund raising events, does the Organisation obtain revenue from any direct trading activity? If **YES**, please provide full details.

\_\_\_\_\_

\_\_\_\_\_

6. Please state size of membership and annual subscription levels of Organisation. \_\_\_\_\_

\_\_\_\_\_

7. Please enclose the following information as applicable to your Organisation:-

- a) Constitution or aims
- b) Copy of accounts (these will not be required for a new organisation)
- c) Copy of budget for current financial year
- d) Copy of last annual report to members (this will not be required for a new organisation)

8. If not included in the annual report enclosed, please provide details of your Organisation's activities over the past year, with particular reference to any special projects undertaken or planned.

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9. a) For what specific project are you now seeking financial assistance from the Town Council; please provide details.

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- b) Specify
- Total Estimated Cost £
  - Amount already available £
  - Amount expected to be available at commencement £
  - Dates scheduled to commence and finish

10. Are you applying for or have you already received other financial assistance for this project? Please provide details:-

<b>Body</b>	<b>Amount Applied For</b>	<b>Amount Received</b>

11. What level of financial assistance are you seeking from Godalming Town Council? State:

a) Amount £

b) Whether you have received a previous grant from the Town Council

- Amount £
- Date
- Project

12. What benefits do you anticipate will be derived by the Godalming Community from your project?

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I submit this application on behalf of the stated Organisation and believe all statements made or enclosed to be true.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Capacity in which signed \_\_\_\_\_

Complete and return to: The Town Clerk, Godalming Town Council, Municipal Buildings, Bridge Street, Godalming, Surrey, GU7 1HR.

Please note that financial information provided may be discussed in a public forum.

Please state who the cheque should be made payable to should your application be successful

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