

# RAYLEIGH TOWN COUNCIL



## SCHEME OF GRANTING FINANCIAL ASSISTANCE TO LOCAL COMMUNITY BASED NON PROFIT-MAKING ORGANISATIONS APPLICATION FORM

Please complete the form in black ink in capital letters

| DETAILS OF YOUR ORGANISATION            |  |
|---|--|
| Name of organisation                    |  |
| Name of person making grant application |  |
| Address for correspondence              |  |
| Telephone No.                           |  |
| E mail Address                          |  |

| GENERAL INFORMATION ABOUT THE ORGANISATION  |  |
|---|--|
| Summary of aims and objectives              |  |
| Age groups specifically catered for, if any |  |

|  |  |
|--|--|
| Do you have a fund raiser in your organisation and, if so, is the position paid or unpaid? |  |
| Is the organisation a Registered Charity? (if so, please give registration number)         |  |
| If not a Registered Charity, what is the structure of your management committee?           |  |
| What is the catchment area of your organisation?   |  |
| Number of Rayleigh residents who will benefit from this grant application?                 |  |
| Is there a charge to use your service/is there a membership fee?                           |  |
| How will you acknowledge the Town Council's support in your publicity?                     |  |

|   |  |
|---|--|
| <b>DETAILS OF GRANT APPLIED FOR</b>   |  |
| Purpose for which the grant is required. Please give full details, including how your organisation/Rayleigh residents will benefit (continue on a separate sheet if necessary). |  |
| Total cost of project<br>Provide at least one quote for any capital expenditure   |  |
| Amount of grant requested.  |  |
| Funds available from organisation's own resources   |  |
| Funds granted from other bodies (please give details)   |  |

|   |  |
|---|--|
| Is there a shortfall in these figures, how do you propose to fund the deficiency?     |  |
|   |  |
| If application is successful please provide the name cheque should be made payable to |  |

|  |
|--|
| <b>PREVIOUS APPLICATIONS</b>   |
| Please give details of all grant applications made by your organisation to the Town Council, whether successful or not, in the last five years |

|   |
|---|
| <b>ACCOUNTS</b>   |
| Please attach a copy of your most recent accounts and balance sheet to this application. Failure to do so will result in the application not being considered.<br>If you are a new organisation without past accounts, please attach a copy of your budget for the year |

|                    |
|--------------------|
| <b>DECLARATION</b> |
|--------------------|

I declare that the details provided on this application form are accurate. I confirm that I am making this application on behalf of the organisation named. I undertake on behalf of the organisation that any financial assistance offered will only be used for the purpose for which it was granted and will be returned to the Town Council if it is not required for that purpose.

I agree for the details provided on this form to be processed by Rayleigh Town Council in accordance with the General Data Protection Regulations and for Rayleigh Town Council to communicate with me in relation to this application.

Signed

Date

Name (please print)

Capacity in which signed

Please return the application form with supporting information.

Rayleigh Town Council  
The Pavilion  
King George V Playing Field  
Bull Lane Rayleigh  
Essex  
SS6 8JD