



WHITNASH TOWN COUNCIL

Grant Aid Application Form

Please complete all sections and use additional sheets if necessary. If you have any questions please contact the Town Clerk, on Tel/Fax: 01926 470394 or e-mail: town.clerk@whitnashtowncouncil.gov.uk.

Post completed form to: Town Clerk, Whitnash Town Council, Franklin Road, Whitnash, Warwickshire, CV31 2JH. Applications may be emailed to the above address, please include accounts as a scanned attachment.

The Council must receive applications by 31st August each year

1. Name of Organisation	
2. Briefly describe your organisation	
3. Does your organisation have an agreed Constitution? <i>Please attach a copy</i>	
4. Designated Contact Name	
5. Address for Correspondence	
6. Phone number	
7. Email Address	
8. Name of Project	
9. Description of Project	
10. Amount of grant requested	

11. Describe what the money will be spent on (please use a separate sheet if necessary)		
12. Names of people controlling the money (e.g. Treasurer / Secretary)		
13. Cheque payable to whom, if awarded		
14. Please give us your bank or building society account details	Account name:	
	Account number	
	Bank/Building Society Name	
	Sort code:	
	Branch address	
15. How will the project benefit the community of Whitnash?		
16. Please state how you consider that you meet the conditions of the Town Council's Grant Aid Policy.		
17. Have you applied to any other agency / Council for funding? If so, please give details.		
18. Please give dates and amounts of any grant received from Whitnash Town Council in the last 3 years		

Accounts Summary			
Opening Balance brought forward from previous financial year (include dates below)			£
Dates			
Total Income / Receipts (include dates below)		+	£
Dates			
Total Expenditure (include dates below)		-	£
Dates			
Closing Balance / funds available at financial year end (include dates below)			£
Dates			
Bank Reconciliation financial year end			
Balance per the Bank Statement (include dates below)			£
Dates			
Uncredited Lodgements		+	£
Unpresented Payments		-	£
Reconciled bank balance at financial year end			£

Signature by or on behalf of the organisation / applicant(s)

We confirm the information given in this application is accurate and that the organisation undertakes to inform Whitnash Town Council of any changes in the organisation's circumstances that would affect this application.

We confirm that any grant awarded by Whitnash Town Council will be spent only on the purpose for which it was given.

Signed.....

Date.....

Position in Organisation.....

Signed.....

Date.....

Position in Organisation

Signature by Whitnash Town Councillor supporting this application.

I support this Grant Application and confirm that I am not involved in this organisation in any way.	
Name (Please print)	
Signature	
Date	

Check list:

Please confirm that you have enclosed the following with your application:

- ☐ Completed Grant Application Form
- ☐ Copies of your most recent signed accounts / balance sheet for 1 year prior to the date of application
- ☐ Please confirm you have attached a copy of your constitution.
- ☐ Copy of the latest bank account

- ☐ Accounts summary
- ☐ Copy of Public Liability Insurance Certificate
- ☐ Signature by or on behalf of the organisation / applicants
- ☐ Signature of Town Councillor supporting this grant.

For Office Use:

Date application received:	
All relevant documents provided:	
Grant Approved: Yes / No	
If no, give reason	
Date approved at Full Council meeting:	
Minute number:	
Cheque number:	