

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.

West Bletchley Council 221 Whaddon Way

1. Name of

Bletchley MK3 7DZ or via email to: Admin@westbletchleycouncil.gov.uk

Section 1. About your Organisation.

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? A registered charity		Voluntary or community group	
Community interest compa	any	Other (specify)	
Charity or Company No.			
12. When was your organ		Month Year	
, ,			

14.H	ow many	people are	involved in the organ	isation?		
Comm			Paid workers		Volunteers	
		-	ganisation's Finance		nths?	
Incom	Э		Expenditure			
£			£			
si	oes your ognatures?		n have a bank accour		quires at least two	
Yes		No	Account Name:			
If No, I	now will yo	ou receive	and deal with funds if	they are a	oproved?	
		ut the Proj	i ect u need the funding for	•		
(Continu	ue on separa	ate sheet if re	equired)			
18.H W av	ow do yo /est Bletc /ailable lo	u know that hley comm cally?	at there is a need for	funding ac	ct and how will it bended value to current a but to do?	
		·				

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		Young people		Older people	e
(aged 0-12)		(aged 13+)		(aged 55+)	
People with		Lone parents		Other (speci	ify)
additional needs					
What percentage of p					
		n place to support this			
a project for child	dren, do	you have a child prot	ection/sa	ifeguarding p	olicy?
22. When will the pro	oject sta	rt and end?			
Start date:	•	End o	late:		
		<u>.</u>			
Section 4. Funding	requirer	nent			
23. How much mone	ey are yo	ou applying for?			
04 Diament and					<u> </u>
24. Please give a bro	eakdowr	n of total costs for the	project:		
Item			Detail		Cost £
Item			Detail		Cost £
Item			Detail		Cost £
Item			Detail		Cost £
Item			Detail		Cost £
Item			Detail		Cost £
Item			Detail		Cost £
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Item			Detail		Cost £
Item			Detail		Cost £
Item			Detail	Total	Cost £
Item			Detail	Total	Cost £
25. If the total cost o	-	iject is more than this			
25. If the total cost o	y?	iject is more than this			ou raise the
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- 26. We are unable to process your application unless you have included the following 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.

Section 6. Data Protection – GDPR 2018

By signing the application below and submitting your application to us you will be giving us your consent to use the information contained within the application and any subsequent related correspondence with you for the purposes of processing and considering your application.

Further information in respect of how we will use the personal information contained within this application are set out in our Privacy Notice included with this application form.

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:	
Revised – July 2018	