

APPLICATION FOR GRANT AID

YEAR OF APPLICATION										
А	A ABOUT YOUR ORGANISATION									
1.	NAME									
2.	ADDRESS	RESS								
3.	. Brief details of aims.									
					T					
4.	Registered charity YES NO Registered Nun						ber:			
5.	Number of enrolled or subscribing members:									
6.	Number of people in the Parish who benefit from your organisation:									
7.	, ,							NO		
	If no, please explain why Oxted Parish Council should support you.									
8.	Audited accounts are enclosed for the year to:						Month		Year	
9.	Extracted from the accounts, please state:									
	(a) Total Income						£			
	(b) Total Expenditure						£			
	(c) Operating surplus/loss [a minus b]						£			
	(d) Income from fees/subscriptions						£			
	(e) Net cash position						£			

В	B ABOUT YOUR GRANT REQUEST							
1.	The amount r	requested		£				
2.	The proposed	d use of fur	nds					
	a) Item or	project de	scription					
	Total cost of item or project £							
or	b) Brief explanation of how the grant will be used:							
3.	Are you applying to other local authorities for grant aid ? YES NO If yes, please specify							
С	SUPPORTING INFORMATION							
1.	 The action taken in the last twelve months to raise funds by your own resources or effort 							
2.	The amount raised: £							
3.	3. The main beneficiaries of your organisation e.g. the elderly, children and youth, those in need because of ill health or financial circumstances (please specify).							
4.	 Any further information that would be helpful to the Council in considering the application. Please continue overleaf or on a separate sheet if necessary. 							
D CONTACT FOR FURTHER INFORMATION								
Name:								
Rc	le in the organ	nisation						
Address								
Postcode			Tel No	Tel No				
Email								
Signature					Date			