

APPLICATION FOR FINANCIAL ASSISTANCE **TO VOLUNTARY ORGANISATIONS**

Please fill in all sections in black ink, and refer to the attached guidance notes for assistance in completing your application. Should you wish to expand on a question, please enclose additional information on separate sheets. Please ensure that the declaration at the end of the application form is signed and dated.

When completed please return this application to:

The Parish Clerk, Fairfield Parish Council, 16 Walnut Way, Ickleford, Hertfordshire. SG5 3XT.
Telephone: 07415 615225. Email: enquiries@fairfieldparishcouncil.gov.uk

Your organisation's contact details

Name of organisation _____

Contact name _____

Position in organisation _____

Address for correspondence _____

Tel Number (day) _____

Email address _____

Is your organisation a registered charity? If so please give charity number _____

Bank Details of organisation

If your application is successful your grant will be paid directly into the organisation's bank account. Please supply details of the account you wish the grant to be paid into.

Name of Bank: _____

Name on account _____

Sort Code _____

Account number _____

Details of organisation

Brief description of your organisation's aims _____

Please describe how the local community of Fairfield benefits from your organisation

About the project

Please give brief details of your project and what you wish to use any grant awarded for

What is the total project cost (attach separate sheets if necessary) _____

What amount are you requesting from the Council? (Please **do not** leave this question blank)

Have you received or applied for funding from any other source for this particular project?
Please give details.

Financial details

Does your organisation receive funding from other sources and if so who?

How much funding will be provided from your own resources? _____

Has your organisation done or planned to do any fundraising for this project? If so please give details

Declaration

I declare that on behalf of the organisation that:

- The application is supported by the Organisation's Management Committee.
- To the best of my knowledge and belief the information I have given is correct.
- I understand the conditions on which the grant is awarded and agree to adhere to those conditions.
- I authorise the Council to make any necessary enquiries to verify the information on this form, and to cross check information I have given with any other organisations.
- I understand that additional conditions may be attached to the award of any grant.

Signed: _____

Print Name: _____

Date: _____

Position held: _____

Please submit the following supporting information with your application:-

- **The completed grant application form with all questions answered.**
- **A copy of the most recent annual Accounts for the Organisation.**
- **A copy of three quotations for the goods or services that funding has been applied for.**

Important

Your application can only be processed if all the questions are answered, the form is signed and if we receive all the necessary enclosures.