**ALRESFORD PARISH COUNCIL**

**GRANT APPLICATION FORM - FINANCIAL YEAR 2025/26**

**PART A - Information about your Organisation**

|  |  |
| --- | --- |
| **1.** Name of your Organisation |  |
| **2.** Registered Charity Number (if applicable) |  |
| **3.** VAT No (if applicable) |  |
| **4.** Contact Name |  |
| **5.** Position in Organisation |  |
| **6.** Contact Address |  |
| **7.** Website Address |  |
| **8.** Telephone Number |  |
| **9.** Email Address |  |
| **10.** What are the aims of your Organisation? |  |
| **11. (a)** What service do you provide in Alresford?**11. (b)** How many Alresford residents benefit from your service? |  |
| **12.** How many Members do you have? |  |
| **13.** Is your Membership open to all? Yes/No |  |
| **14.** If your answer is ‘No’ to the above, what restrictions apply to membership? |  |
| **15.** When was your organisation established? |  |
|  |  |
| **PART B - Grant Objectives**  |  |
| **16.** Amount of the Grant requested in this application?  |  |
| **17.** What percentage of your annual revenue will the Grant approximate to? |  |
| **18.** What other funding is being used? |  |
| **19.** (a)Please give a brief outline of what you hope to gain from the Grant and (b) How many people will benefit? |  |
| **20.** Please outline what you are going to use the Grant for? (Please attach an additional page if required.) |  |
| **21.** Is there a start and finish date to your project? |  |
| **22.** Please enclose a copy of your:(a) Constitution/Statement of Aims (b) Most recent Annual Accounts (New organisations can provide financial projections)(c) Equal Opportunities Policy(d) DBS Policy (for Organisations with vulnerable adults or children) |  |
| **23.** Please supply bank details:(a) Account Name:(b) Account Number:(c) Sort Code: |  |
| Signed:Print Name:Position in Organisation:Date: |