**ALRESFORD PARISH COUNCIL**

**GRANT FORM FOR FINANCIAL YEAR 2024/25**

**PART A Information about your Organisation**

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| **1** Name of your Organisation |  |
| **2** Contact Name |  |
| **3** Position in Organisation |  |
| **4a** Contact Address |  |
| **4b** Website Address |  |
| **5a** Telephone Number |  |
| **5b** Email Address |  |
| **6** What are the aims of your  Organisation? |  |
| **7** What service do you provide in  Alresford? |  |
| **8** How many Members do you  have? |  |
| **9a** Is your Membership open to  all? Yes/No |  |
| **9b** If not, what restrictions do  you have? |  |
| **10** How long have you been  operating? |  |
|  |  |
| **PART B Information about the Grant that you are asking for** |  |
| **1** Please describe what you are  going to use the grant for? |  |
| **2** Please give a brief outline of  what you hope to gain from  the money and how many  people will benefit? |  |
| **3** How much are you asking for  and what % of what you are  asking does this represent? |  |
| **4** Is there a start and finish date? |  |
| **5** Please enclose a copy of your:   1. Constitution/Statement of Aims 2. Most recent Annual Accounts (New organisations provide financial projections) 3. Equal Opportunities Policy 4. CRB Policy (for Organisations with vulnerable adults or children) |  |
| Signed: | Date: |
| Position in Organisation: |  |

Please state who you would like the cheque to be made payable to should you be successful.

Please make sure that you have included anything that may help your application.