

APPLICATION TO VERWOOD TOWN COUNCIL
FOR GRANT AID

NAME OF ORGANISATION	
NAME OF APPLICANT, ADDRESS & CONTACT TELEPHONE NUMBER	
POSITION IN ORGANISATION	
DATE OF APPLICATION	
DETAILS OF THE PROJECT/ACTIVITY & TIME SCALE OF THE PROJECT/ACTIVITY?	
WHAT IS THE BENEFIT TO THE COMMUNITY OF THIS PROJECT/ACTIVITY?	

<p>DETAILS OF THE NUMBER OF BENEFICIARIES AND WHAT PROPORTION OF MEMBERS/BENEFICIARIES ARE RESIDENTS OF THE PARISH?</p>	
<p>DETAILS OF RESTRICTIONS PLACED ON WHO CAN USE/ACCESS THE PROJECT/ACTIVITY.</p>	
<p>DOES THE PROJECT/ACTIVITY COMPLY WITH EQUALITY OBLIGATIONS UNDER THE VARIOUS PIECES OF ANTI DISCRIMINATION LEGISLATION?</p>	
<p>A COPY OF YOUR BALANCE SHEET/TRADING ACCOUNT FOR THE LAST FINANCIAL YEAR. OR FOR NEW INITIATIVES A BUDGET FORECAST.</p>	<p><i>PLEASE ATTACH ACCOUNTS TO THE APPLICATION</i></p>
<p>A COPY OF YOUR WRITTEN CONSTITUTION TOGETHER WITH DETAILS OF YOUR AIMS AND PURPOSES</p>	<p><i>PLEASE ATTACH CONSTITUTION TO THE APPLICATION</i></p>
<p>AMOUNT OF GRANT AID REQUIRED FROM THE TOWN COUNCIL</p>	<p>£</p>
<p>PLEASE SUPPLY DETAILS OF ANY OTHER APPLICATIONS FOR FUNDING THAT HAVE BEEN MADE.</p>	

ANY ADDITIONAL INFORMATION.

**PLEASE RETURN TO: VERWOOD TOWN COUNCIL, 28 VICARAGE ROAD,
VERWOOD, DORSET BH31 6DR BY EITHER 1ST MARCH OR 1ST SEPTEMBER.**

