

FARINGDON TOWN COUNCIL

The Pump House, 5 Market Place FARINGDON, Oxfordshire, SN7 7HL
Telephone 01367 240281
www.faringdowntowncouncil.gov.uk
Clerk: Sally Thurston



APPLICATION FOR FINANCIAL ASSISTANCE

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS BY ALL ORGANISATIONS APPLYING TO THE COUNCIL FOR FINANCIAL ASSISTANCE. PLEASE READ THE CRITERIA FOR AWARDING FINANCIAL ASSISTANCE BEFORE MAKING YOUR APPLICATION AS AWARDS CAN ONLY BE MADE IN STRICT ACCORDANCE. THE COMPLETED FORM SHOULD BE RETURNED TO THE TOWN CLERK AT THE COUNCIL OFFICE.

Part A – Details about your organisation

Name of Organisation

Address and postcode

Telephone

Status – Please tick

Registered Charity (enter charity number)

National Organisation

Other Organisation

Other (Please specify)

Contact Person

Position in Organisation

Address and postcode

Telephone

Please give a brief description on your organisation (see criteria 1)

IMPORTANT

Please attach the most recent years accounts (income / expenditure, balance sheets etc) or if formal accounts are not kept please attach an estimate of your organisation's finances with back up documentation. Also please attach your cash flow projection for at least the coming year.

Part B – Details of the assistance required

What is the project for which you require assistance? (See criteria 2)

How much is the total cost of the project?

IMPORTANT

Please enclose copies of any estimates, quotes, pricelists etc. Supporting this application.

How much are you applying to this council for? (See criteria 4)

What contribution are you making? (See criteria 4)

To what other agencies have you applied for funding?

Other Agency	Amount	Result (if known)

What type of assistance are you applying for?

Full Grant

Matching Grant

Please add anything you think may assist this application?

Please state who you would like a cheque made payable to should your application be successful

I declare that the information given on this application is true to the best of my knowledge

Signed: _____

Position: _____

Print name: _____

Date: _____