



## Grant Application Form 2014 for Winster Village Organisations and Groups

*Please complete in BLOCK LETTERS, in Black ink.*

*Applications will only be considered if all the information requested in sections 1-15 is provided. If you have any queries about the form, please call Brian Long on 650780*

1. Name of Organisation or Group:

2. What is your Purpose/Aim?

3. Does your Organisation or Group provide a service for Winster residents alone, or for people from outside the village too? Please give details:

4. Please give details of how your Organisation or Group intends to use any funds granted to it from Secret Gardens 2014:

5. If you have a Committee, please tell us who the Officers are:

Name & Address	Tel	Office held on Committee

6. Has this application been discussed and agreed by the Committee? YES NO

7. Did the discussion and agreement take place:

a. at a Committee meeting? YES NO

b. by informal discussion? YES NO

8. Are all Committee members aware this application has been made? YES NO

If not, why not?

9. Please tell us if your Organisation or Group has made, or intends to make, any applications to other grant making or funding bodies during 2014.

Please give details of these applications and the results (where known):

10. Please give details of any donations received from any other source during 2014, (i.e. donor, amount, date):

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11. Please give details of any fundraising activities undertaken by your Organisation or Group on its own behalf during 2014, and tell us the results:

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12. Does your Organisation or Group keep financial records?

YES NO

**If yes, please include a copy of these with this application.**

13. We need to know how much money your Organisation or Group has at present. Please provide details of the most recent balance(s) in your bank/building society account(s), and the amount of petty cash you have:

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14. If any of the funds listed in Question 13 are already committed, please tell us about this:

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15. Name of person who has completed this application form. (We will contact this person about the outcome of this application):

Name:

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Address:

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Tel:

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Role in Organisation/Group:

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Signed:

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Date:

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*Please return this form (with Sections 1-15 completed as specified) along with a copy of your financial records to:*

*Brian Long at Tor House, Main Street*

***by 6pm on Friday October 31<sup>st</sup> 2014.***