

**GAWSWORTH PARISH COUNCIL
AS TRUSTEE OF THE JOHN UPTON CHARITY**

APPLICATION FOR GRANT AID BY AN ORGANISATION

Information about Your Organisation

1. Name of organisation.....

Address for correspondence.....

Applicants Name..... (Must be an authorised representative of the organisation to benefit from the grant)

Post in organisation.....

Telephone No. (Day).....Telephone No. (Evening).....

2. How would you describe your organisation? Tick as appropriate

Local		Voluntary		Statutory service	
County		Self Help Group		Education	
Regional		Registered Charity		Health	
National		(Please give Reg.No.)		Social Services	
		<input type="checkbox"/> Other (please state)		Other (please state)	

3. Does your organisation have the following? Tick as appropriate

- A governing body or management committee
- A bank or building Society Account – If yes please give details

- A constitution
- Annual accounts

4. How many of the following does your organisation help in each year in these age groups

Up to 18 years.....Over 18 years.....

5. Now please give more details about your organisation and its work

6. Object of the Trust – The Trustee’s ability to make a grant is governed by a Charity Commission Scheme and **the object of this Charity is to promote such charitable purposes for the general benefit of the inhabitants of the area of benefit, which in this case is the Parish of Gawsforth.** Please attach a detailed description of the project and how it will meet this requirement

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7. Please supply the following information:-

- a) The total cost of the project for which this grant application refers supported by three detailed quotations for each element for which you are requesting a grant:

£

- b) The amount of money that your organisation has raised towards the cost of the project:

£

- c) Whether your organisation intends to raise any further monies towards the project and if so how much: Yes £ No (please tick as appropriate)

- d) The amount of grant for which you are applying £.....

- e) To whom do you wish the grant to be paid.....

8. Please enclose a copy of your organisation's statement of accounts (including your balance sheet) for the last financial year.

Check List for Applicants:

Tick if yes

- | | |
|---------------------------------|--------------------------|
| All questions completed | <input type="checkbox"/> |
| Attachments enclosed | <input type="checkbox"/> |
| Quotations for project enclosed | <input type="checkbox"/> |
| Statement of accounts enclosed | <input type="checkbox"/> |

Signature of applicant.....

Please return this form with enclosures to:-

The Clerk to the Trustee
Mrs M Edwards
11 Lynalls Close
Congleton
Cheshire CW12 4QN
01260 299220