**S137 Grant Application**

**Details of Organisation**

|  |
| --- |
| Name of organisation:  |
| Usual meeting place and / or address of organisation:  |
| Name of contact:  |
| Email address:   |
| Position within organisation:  |
| Contact address for correspondence *(if different from above):* |
| Telephone number:  |

**Application Details**

|  |  |
| --- | --- |
| **Amount of grant requested:** | £  |

*Brief description of what the grant will be used for (attach any available information including brief and plans)*

|  |
| --- |
|   |

If the application is for an event or series of events that are likely to be income generating, please detail estimated income figures and include a detailed budget for the event.

|  |  |
| --- | --- |
| Estimated income figures: | £  |
| Tick to confirm budget attached |

**Background of Organisation**

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| --- |
| Please tell us about the **purpose** and **aims** of your organisation below: (Please also attach a copy of your constitution if you have one)  |
|  |
| Does the organisation have an Equal Opportunities Statement? :  |  |
| If ***Yes*** – please attach a copy  |
| If ***No*** please indicate whether you are taking steps to introduce a statement and, if not, please state reasons why you do not consider it appropriate:  |

Other organisations you are applying to, or have already received grants from.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of organisation**  | **Amount****received 2023** | **Amount** **applied for 2024/25** | **Likely date for decision** |
| *e.g. Prince Philip Trust*  | *£500*  | *£500*  | *June 2017* |
|  |  | - | - |
|  |  |  |  |
|  |  |  |  |

Please give an indication of the current balance in hand of your organisation and whether funds are earmarked for any other projects/items:

*(It is very important that this section is fully completed. Please do not put ‘refer to accounts or balance sheet’ but state what your balance in hand is and what it is earmarked for):*

|  |  |
| --- | --- |
| **Current Balance** (*as at date of application*):  | £  |
| **Earmarked for:**  |

**Accounts Information**

Please supply the following accounts information:

|  |  |
| --- | --- |
| **Income** | **£** |
| **Expenditure** | **£** |
| **Surplus/ Deficit** | **£** |
| **Year end** | **£** |

**Payment Section**

Please supply the payment information

|  |  |
| --- | --- |
| **Account name** |  |
| **Sort Code** |  |
| **Account Number**  |  |

 I can confirm that if this application is successful it will benefit more than one

 Resident of Tidworth or Perham Down.

 If an award is granted our organisation agrees to provide feedback within 3

 Months of payment and will endeavour to attend a Town Council Meeting

 Within 12 months of the grant being awarded. We understand that by not

 Providing feedback the Town Council may not consider future applications.

Signed Print

Date