

## **Tiptree Parish Council**

## **Scheme of Granting Financial Assistance**

## **Application Form**

Please complete all section in capital letters and continue on a separate sheet if necessary

Your Organisation	
Name of Organisation	
Summary of aims and objectives	
Age groups specifically catered for, if any	
Is the organisation a non-profit making body	
Is the organisation a registered charity	
(If so, please give registration number)	
Number of members in organisation	
Number of members resident in Tiptree	
Is membership restricted in any way	
Do you charge a membership fee, or	
charge for access to your activities? Please give details	
Details of grant applied for	



How will Tiptree Residents benefit?		
The state of the s	· /n:	
Are you making this application as part of the annual round of grant applications? (Closing date 31st March)	Yes/No If no then please explain the circumstances	
Total cost of project – supporting estimates/quotes must be attached to your application		
Amount of grant requested		
Funds available from organisation's own resources		
Funds granted from other bodies (please give details)		
If there is a shortfall in these figures, how do you propose to fund the deficiency?		
Previous Applications		
Please give details of all grant applications made by your organisation to the Parish Council, whether successful or not in the last 5 years.		



Accounts		
Please attach a copy of your most recent account and balance sheet to this application.		
If you are a new organisation without accounts, please attach a copy of your budget for		
the year.		
Name of person making the grant		
application		
application		
Address for correspondence		
Address for correspondence		
Email Address		
Lindii Addiess		
Telephone number		
Declaration		
I confirm that I am authorised to make this a	unnlication on hehalf of the organisation	
named.	ipplication on behalf of the organisation	
	roct	
I certify that the information provided is correct.		
I undertake on behalf of the organisation that any financial assistance will only be used		
for the purpose for which it was granted and will be returned to the Parish Council if it		
is not required for that purpose.		
Signed		
Name (Blasse B.d.)		
Name (Please Print)		
Capacity in which signed		
Dete		
Date		
If your application is successful, please	Sort Code:	
indicate the name and account details to	Account Number:	
which the bank transfer should be made	Account Name:	
payable		
NB Bank transfers can only be made		
payable to the organisation and not to an		
individual		



Data Protection – Tiptree Parish Council is registered under the Data Protection Act as a Data Controller, registration number Z1610043 and will at all times use its best endeavours to comply with the terms of the Act in all dealings with your personal data.

Please return the application form with supporting information to – Tiptree Parish Council, 56 Church Road, Tiptree, CO5 0SU or <a href="mailto:clerk@tiptreeparishcouncil.gov.uk">clerk@tiptreeparishcouncil.gov.uk</a>