KINGSHURST PARISH COUNCIL APPLICATION FOR FINANCIAL ASSISTANCE

ORGANISATION...............................................................................................

Total Number of Members.............................Number Who Are Residents of Kingshurst...........................

Venue for Activities........:.............................................................................................................................

Frequency of Activities....................................................Average Attendances Per Session......................

Aims and Objectives of the Organisations:

MANAGEMENT:

Chairman Secretary Treasurer Number of Committee Members........................................................

BRIEF FINANCIAL INFORMATION:

Financial Year from.................................................... To......................................................

Balance in Hand at beginning of year £ Balance in Hand at end of year 

Does the Organisation have any other monies/assets which have not been shown?.................................

If Yes, please provide details........................................................................................................................

Annual Subscription per Member..............................Sessional/Entrance Fee per member........................

HAS/WILL APPLICATIONS BE MADE BY THE ORGANISATION TO ANY OTHER BODY FOR FINANCIAL ASSISTANCE?.............................

If Yes, please provide details including results of application(s):

# DOES THE ORGANISATION ARRANGE FUND RAISING ACTIVITIES? .......

If Yes, please provide details:

GENERAL SUPPORT OF TH”E APPLICATION:

(Please include here any information which you wish to bring to the Council’s notice)

I HEREBY APPLY TO KINGSHURST PARISH COUNCIL ON BEHALF OF THE ABOVE MENTIONED ORGANISATION FOR FINANCIAL ASSISTANCE DURING THE YEAR 20 /20 .

A COPY OF THE ORGANISATION'S MOST RECENT ACCOUNTS IS ENCLOSED FOR RETENTION BY THE COUNCIL. I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT.

I HAVE READ AND ACCEPT THE COUNCIL’S CONDITIONS FOR GRANT APPLICATIONS WHICH WERE ENCLOSED WITH THIS APPLICATION FORM.

Signature......................................................................................Date........................................................

Address........................................................................................................................................................

Telephone Number......................................................................................................................................