



Annual Grant Application for 2020-21

NAME OF ORGANISATION	Membership
Official / Registered Address of the Organisation	
Address to which correspondence should be sent if different from above	
Contact details of the person completing this application	
Contact name	
Position held	
Daytime telephone number	
Email address	
When was your organisation established?	
What is the legal status of your organisation? following	please tick one of the
a) unregistered voluntary or community organisation	<input type="checkbox"/>
b) registered Charity in England or Wales	<input type="checkbox"/>
c) waiting to be registered as a Charity	<input type="checkbox"/>
d) charity recognised by HMRC in Scotland or Northern Ireland	<input type="checkbox"/>
e) exempt / excepted Charity registered in England and Wales	<input type="checkbox"/>
Registered Charity No (if applicable)	
PROJECT	
Project Description	

Project Background

Project Benefits in relation to Marlow, it's residents and visitors

Total cost of project	£
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Grant request total	£
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EQUAL OPPORTUNITIES
Equal Opportunities seek to help all people receive fair and equitable access to the services our organisations provide. The Council has a legal duty to promote equality whether on grounds or race, disability, age, gender and other grounds where good relations and the elimination of discrimination can increase opportunities.

Does your organisation have an equal opportunities policy? If yes , please enclose a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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FINANCIAL INFORMATION

You must include a copy / extract of your organisation's latest annual accounts with this application

If your accounts show a one off or accumulated surplus, please state how much and what you plan to spend it on

If your organisation has financial reserves, for what purpose are they held?

If your reserves or surplus are more than the amount of grant you want, please explain why you are making this application. Say if the reserves or surplus are to fulfil statutory responsibilities

Please attach an additional sheet(s) (if required) to include any other supporting information in respect of this application.

DECLARATION

Please read the following declaration carefully and sign it. The conditions will apply to you if your application for a grant is successful.

All the organisation's promotional material will acknowledge the support of Marlow Town Council. If the Council Crest is to appear on your literature assistance on correct usage can be obtained from the Town Council on 01628 484024.

I accept these conditions apply if funding is approved.

Signed.....

Name

Position within organisation.....

Date

Marlow Town Council is a data controller under the Data Protection Act. We hold information for the purposes specified in our nomination to the Information Commissioner and may use this information for a any of them. We may get information about you and others, or we may give information to them. If we do it will only be as the laws permits, to check the accuracy of information, prevent fraud or detect crime or to protect public funds.

If your application is successful payment will be made via BACS. Please provide Bank Account details for the applying organisation:

Account Name:.....Bank /Build Soc.....

Bank Account No.....Sort Code.....

Please send your completed application form together with:-

- Equal Opportunities Statement
- Annual Accounts Statement

To: The Town Clerk, Marlow Town Council, Court Garden, Pound Lane, Marlow, Bucks SL7 2AG.

APPLICATIONS FOR GRANTS WILL BE CONSIDERED AT THE RESOURCES COMMITTEE MEETINGS.
PLEASE SUBMIT YOUR APPLICATION A MINIMUM OF 3 WEEKS PRIOR TO THE DATE OF THE MEETING.