



## APPLICATION FOR FINANCIAL SUPPORT FROM CROXLEY GREEN PARISH COUNCIL

### Grant Criteria

1. Applications for Grants will only be considered from local Community Groups with a majority of members having a bona fide address within the Parish  
or  
from individuals with a permanent address within the Parish.
2. Only one Grant Application from a particular organisation or individual will be considered during the Council's financial year.
3. Grants will be made to assist the founding of local community groups or to provide temporary assistance for their continuing viability. Repeated grants to the same group or individual should not be expected.
4. Grants will be confined to local groups providing social, cultural, educational, recreational or sporting activities for the local community, or newly formed groups for these purposes  
or  
in the case of individuals undertaking an activity for the benefit of the local community.
5. Applications must be made on the prescribed form, signed by the person applying and authorised by the signature of an officer of the group.
6. All valid Grant Applications will be considered on their merits.

### Notes

Please ensure that all sections of this application are fully completed. It is important to be concise and your responses must be on the form. Attach separate documents where applicable.

**Data Protection.** Any information entered onto this application form may be stored and held in accordance with the Data Protection Act and used by Croxley Green Parish Council.

If you have any questions please contact The Clerk on either 01923 710250 or via e-mail at [croxleypc@btconnect.com](mailto:croxleypc@btconnect.com)

Croxley Green Parish Council indicates that submission of this form does not guarantee that funds will be made available. Decisions are made on an individual basis irrespective of other application grants that may have been requested.

## SECTION A: ABOUT YOU

<b>A1</b>	Name of Organisation	.....
<b>A2</b>	Name of Contact Person	.....
<b>A3</b>	Address of Organisation or Address of Contact Person	..... ..... ..... ..... .....
	Postcode	.....
<b>A4</b>	Telephone Number	Daytime ..... Evening .....
<b>A5</b>	Fax Number	.....
<b>A6</b>	E-mail address	.....
<b>A7</b>	What is the status of your organisation? – Please tick heading	
	Registered Charity (please give number)	<input type="checkbox"/> Charity No. ....
	Voluntary or Community Organisation	<input type="checkbox"/>
	Housing Association	<input type="checkbox"/>
	Unregistered Association	<input type="checkbox"/>
	Other (please state)	.....
<b>A8</b>	What is the purpose of your Organisation? .....	
<b>A9</b>	Does your Organisation have a formal constitution?	Yes/No
<b>A10</b>	Has your organisation started up in the last year?	Yes/No
<b>A11</b>	Approximately how long has your organisation been in existence? .....	
<b>A12</b>	Are you affiliated to a National Body?	Yes/No
	If Yes state which one(s) .....	
<b>A13</b>	Which geographical area will you be working in? – Please tick heading	
	All of Croxley Green	<input type="checkbox"/>
	Croxley Green North Ward	<input type="checkbox"/>
	Croxley Green South Ward	<input type="checkbox"/>
	Croxley Green Ward	<input type="checkbox"/>

## SECTION B: APPLICATIONS FOR FUNDS

<b>B1</b>	How much are you applying for?	£	.....	
<b>B2</b>	What is the total cost of your project		.....	
	(use a separate sheet of paper if necessary)			
<b>B3</b>	What do you aim to achieve with this funding?		..... ..... .....	
<b>B4</b>	Are you matching this request for funding in any way?		..... ..... .....	
<b>B5</b>	How many people are involved in your project?		.....	
<b>B6</b>	Are the majority of your regular participants drawn from the Croxley Green area?	Yes/No		
<b>B7</b>	Who is the project aimed at assisting? – Please tick categories			
	Babies (0-3 years)	<input type="checkbox"/>	Children (3-7)	<input type="checkbox"/>
	Young Persons (7-13)	<input type="checkbox"/>	Teenagers (13-18)	<input type="checkbox"/>
	Parents	<input type="checkbox"/>	Single Mothers/Fathers	<input type="checkbox"/>
	Elderly	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
	Neighbourhood Group	<input type="checkbox"/>	Specific ethnic groups	<input type="checkbox"/>
	Other (Please give details)			.....
<b>B8</b>	Do you or will you receive funding from any other source? – Please specify source and amount			
	Source		Amount	
	.....		.....	
	.....		.....	
	.....		.....	

# Grant Application



**B9** Will your project work in partnership with any other community, statutory or voluntary organisations? – Please specify

.....

.....

.....

**B10** What is the total income and expenditure of your organisation?

Income	£	Expenditure	£
	.....		.....

**B11** Who controls the bank account and who authorises expenditure?

.....

**B12** Please attach a copy of your most recent accounts OR projected case flow if not accounts exist.

.....

**B13** Please attach a copy of your constitution

.....

**B14** What authority do you have to submit this application?

Please provide a copy of (Minute?) giving you authority to make application.

## Declaration

I declare that I have checked the information on this form and I believe it to be correct.

Signature .....

Print Name .....

Date .....

## Please return the completed form to:

The Clerk  
Croxley Green Parish Council  
Council Offices  
Community Way  
Croxley Green  
Rickmansworth  
Herts  
WD3 3SU