



BIGGLESWADE TOWN COUNCIL APPLICATION FOR FINANCIAL ASSISTANCE 2020

1 Name of Organisation

2 Name of Contact

Address

.....

Post Code

Email.....

Tel No.

3 How would you describe your organisation? (Please tick all boxes that apply)

- a. Voluntary Organisation
- b. Community/Residents Group
- c. Registered Charity
- d. Company Limited by Guarantee
- e. Trust
- f. Other, please state what

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4 What are the aims of the organisation?

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5 Does the organisation have a membership YES/ NO

If YES, please state

- i) the current number of members
- ii) the rate of annual subscription

If NO, who is the organisation accountable to?

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6 Please enclose the following documents:

- a. Copy of Constitution
- b. Copy of last Audited Accounts and Balance Sheet
- c. Either a copy of the last Annual Report to Members or a brief outline of the organisations activities during the past year (using the space below)

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7 For what purpose(s) are you seeking assistance?

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8 Approximately how many people will benefit from this grant?

9 How many of these people are residents of Biggleswade?

10 How will the residents of Biggleswade benefit from this grant?

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11 How much assistance are you requesting from Biggleswade Town Council?

£

12 Does your organisation hold any fundraising activities? YES/NO

If YES please give an estimate of expected income from fundraising for the coming year.

£

I submit this application on behalf of the stated organisation and believe all statements made or enclosed to be true.

Signed Date

Capacity in which signed

(Please note: Any cheques will be made payable to the name of the organisation and sent to the contact as stated overleaf unless otherwise advised)

Please return completed application and supporting documents to:

Town Clerk
Biggleswade Town Council
The Old Court House
4 Saffron Road
Biggleswade
Beds SG18 8DL

By 31st December 2019