

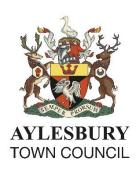
Social & Emotional Wellbeing Needs Grant Scheme Application Form

Name of organisation:							
Correspondence Details							
Name:							
Position:							
Address:							
Postcode:							
Telephone:							
Email:							
What are the organisation's aims and objectives?							
Is your organisat	Yes □	∕es □ No			□		
Charity No.:							
Is your organisation part of, or affiliated to, any national organisation?							
If yes please give details:							
What is the catchment area covered by your organisation?							

Briefly describe the project/purpose for which you require a grant:						
How will the project be	nefit the c	omm	unity/r	esiden	ts of Aylesbury?	
Address/location of pro	oject if diffe	erent	to cor	respon	dence address:	
Is your organisation VAT registered?	Yes		No		VAT Number:	
Start date of project:			Expected end date:			
Financial Assessment						
Estimated cost of project (please provide a breakdown of the total cost of your project) Continue on a separate sheet if necessary						
VAT (if applicable)			£			

Total estimated co	ost of project	£					
Funding of Project (Please indicate how your organisation plans to fund the project)							
Funds immediately available from your organisation £							
Funds that you int	tend to raise yourse	elf from events	£				
Grant requested from Aylesbury Town Council (Grant awards to a maximum of £5,000 unless there are exceptional reasons)				£			
Total Funding of F	Project		£				
Please give detail	s of any reserves o	r savings held	by your org	ganisati	on:		
Have you applied	to other organisation	ons for funding	for this?	Yes		No □	
If not please give	reason:						
If yes please give details (please complete all relevant boxes) Grants or loans applied for /confirmed from other organisations							
To whom applie	Amount	Awaiting	Amount received		Date		
	applied	requested	Decision	rece	eived	Received	
	applied	£	Decision	£	eived	Received	
	applied	£	Decision	£	eived	Received	
	applied	£	Decision	£ £	eived	Received	
	applied	£	Decision	£	eived	Received	
	applied	£ £ £	Decision	£ £ £	eived	Received	
	арриес	£ £ £ £		£	eived	Received	
Council in the last	ation received a gra t three years?	£ £ £ £ £ nt from Aylest	oury Town	£ £ £		Received No □	
Council in the last (We ask this as pric who haven't receive	ation received a gra t three years?	£ £ £ £ nt from Aylest	oury Town	£ £ £ £			
Council in the last (We ask this as pric who haven't receive	ation received a grant three years? Ority will be given to the da grant award) details, dates and a	£ £ £ £ nt from Aylest	oury Town ons/groups	£ £ £ £			
Council in the last (We ask this as pric who haven't receive If yes please give	ation received a grant three years? Ority will be given to the da grant award) details, dates and a	£ £ £ £ nt from Aylest nose organisation	oury Town ons/groups	£ £ £ £	Amo	No 🗆	
Council in the last (We ask this as pric who haven't receive If yes please give	ation received a grant three years? Ority will be given to the da grant award) details, dates and a	£ £ £ £ nt from Aylest nose organisation	oury Town ons/groups	£ £ £ £	□ Amo	No 🗆	
Council in the last (We ask this as pric who haven't receive If yes please give	ation received a grant three years? Ority will be given to the da grant award) details, dates and a	£ £ £ £ nt from Aylest nose organisation	oury Town ons/groups	£ £ £ £	Amo	No 🗆	
Council in the last (We ask this as pric who haven't receive If yes please give Date awarded	ation received a grant three years? Ority will be given to the da grant award) details, dates and a	£ £ £ £ nt from Aylest nose organisation amounts for which grant	oury Town ons/groups awarded	£ £ £ £ £	□ Amo	No 🗆	

£ £ £ £ £ £ £ £ £ £ (please view ward map), will benefit the % of Aylesbury residents attending of the state
£ £ £ £ (please view ward map), will benefit the % of Aylesbury residents attending of the state
£ £ £ (please view ward map), will benefit the % of Aylesbury residents attending of the superscript strength of t
£ £ (please view ward map), will benefit the % of Aylesbury residents attending of the second state of the
f. (please view ward map), will benefit the % of Aylesbury residents attending of the state of t
(please view ward map), will benefit the % of Aylesbury residents attending of the word plus aylesbury Parish aylesbury Parish tion, please give any details you feel
the % of Aylesbury residents attending of the % of Aylesbury residents a
the % of Aylesbury residents attending of a line of the state of the s
ition, please give any details you feel
ition, please give any details you feel



Declaration of Acceptance

If incorrect, inaccurate or misleading information is provided the Council may refuse your application. Any fraudulent claims will be refused.

I declare that any grant made will be used solely for the purposes outlined in this application. I understand that Aylesbury Town Council reserves the right to reclaim the grant in the event of it not being used for the purpose specified.

please print				
I have read, Criteria	accept and	d fully understand the S	Social and E	motional Wellbring Needs Grants
Signature of	on behalf o	f applicant:		
Position:			Date:	

Documents to send with your application

The following documents MUST be submitted with your application:

- A copy of your organisation's audited or independently examined accounts including balance sheet for the past financial year, copy bank statement and bank reconciliation as at the last balance sheet date.
- Up-to-date statements of any investment accounts.
- Evidence of quotes for expenditure for which funding is being sought.

Please note:

Name:

The payment of a Grant by Aylesbury Town Council is made strictly on the understanding that should the project not go ahead; all monies will be returned to the Town Council. When completed, this form together with supporting documents should be sent to:

Clerk to the Grants Committee

Aylesbury Town Council

Town Hall, 5 Church Street, Aylesbury, HP20 2QP