Date Received	Date	Received
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## **Bracknell Town Council**

## APPLICATION FORM FOR ANNUAL GRANTS TO VOLUNTARY ORGANISATIONS 2018/19

Please complete the application form fully and return to Bracknell Town Council by **1st October 2017** to be included in our selection process.

Contact Person: Position:	
Address for Correspondence:	
•	
Postcode:	
rosicode.	
E-mail Address: Daytime Phone Number:	
Please describe the objects of the Organisation as contained in the Constitution:	
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Geographical Area Covered:	
Geographical Area Covered:	
Geographical Area Covered:	

Please describe the purpose for which you seek a grant:				
Amount Requested:	£			
How many people b	enefited from your servic	e in 2016/17?		
Adults	Young People			
What percentages of	of these are within Brackn	ell Town Council's area?		
Adults	Young People			
How will this grant support your service? Please be clear about whether you are seeking REVENUE funding i.e. assistance with on-going running costs and/or CAPITAL funding i.e. to purchase specific items.				
REVENUE FUNDIN	G Y	YES / NO		
CAPITAL FUNDING	•	YES / NO		
If CAPITAL FUNDIN	NG what are you purcha	sing:		
Total cost of Capital purchase:		£		
Total funds raised to date:		£		
How do you intend to raise the remainder of the capital funding required?				

## YOUR ORGANISATION

Is it:	A registered Char	ity?	Charity N	Number	
	Unregistered voluntary organisation				YES / NO
Other (please state)					
Does it have	:				
A bank acco	unt		Number of signato required	ories	
Managemen committee	t		Number on commi At 30 <sup>th</sup> June 2017	ittee	
A constitution	n/set of rules				
ACCOUNTS					
			ur organisation's lat nts certified by the r		al accounts for the year person must be
Total Income	}	£			
Total Expend	diture	£			
Surplus/defic	cit	£			
Total Reserves and net Assets					

(including sums in capital accounts, please indicate whether the reserves are designated or free)

## **BUDGET**

Please submit a copy of your detailed budget for 2017/18 indicating projected income and expenditure on all major items (e.g. staffing, rent, office costs, telephone, equipment, publicity etc.)

Please detail grants received from other bodies during 2016 and 2017:

ORGANISATION		AMOUNT
IF YOU RECEIVED A GRANT F	ROM BRACKNELL TOWN COUNCIL in	2017 PLEASE DETAIL WHEN AND
Name of Applicant:		
Position:		
Signature of Applicant		
o.9		DATE
If Grant is successful, in wh	nat	
name would you like the		
cheque made payable?		

**NB** You may include any other information relevant to your application which may assist the Council to determine your application.

Please return this completed application form together with your latest accounts, budget and supporting information to:

Bracknell Town Council, Brooke House, 54 High Street, Bracknell, Berkshire RG12 1LL or via e-mail to jackie.burgess@bracknelltowncouncil.gov.uk by 1st October 2017.

Bracknell Town Council also wishes to be in a position to assist local organisations providing valuable services to the local community who have an exceptional funding need up to £500. An application form for this is available on our website www.bracknelltowncouncil.gov.uk.