

# Annual Grant Application for Grants over £250

NAME OF ORGANISATION	Numbers of Members	
Official / Registered Address of the Organisation		
Address to which correspondence should be sent if different from above		
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?	please tick one of the f	following
a) unregistered voluntary or community organisation	·	
b) registered Charity in England or Wales		
c) waiting to be registered as a Charity		
<ul> <li>d) charity recognised by HMRC in Scotland or Northern Ireland</li> <li>e) exempt / excepted Charity registered in England and Wales</li> </ul>		
Registered Charity No (if applicable)		
Trogistered Smartly 140 (ii applicable)		
PROJECT		
Project Description		



Project Background		
Project Benefits in relation to Princes Risborough, it's residents and visitors		
Troject Beriefite in relation to Trinices Masserbagn, it s residents and visitors		
Total cost of project	£	
Grant request total	£	
EQUAL OPPORTUNITIES		
Equal Opportunities seek to help all people receive fair and equitable access	s to the services ou	r organisations
provide. The Council has a legal duty to promote equality whether on groun and other grounds where good relations and the elimination of discrimination		
Does your organisation have an equal opportunities policy?	Todil morease oppo	ortaniico.
If <b>yes</b> , please enclose a copy.	Voc —	No 🗔
ii yes, piease enclose a copy.	Yes	No
FINANCIAL INFORMATION		
You must include a copy / extract of your organisation's latest annual a	accounts with this	application
If your accounts show a one off or accumulated surplus, please state how m	nuch and what you բ	olan 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.
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.  I accept the following conditions will be attached to any funding received.  All the organisation's promotional material will acknowledge the support of Princes Risborough Town Council. If the Council Crest or logo is to appear on your literature, assistance on correct usage can be obtained from the Town Council on 01844 275912 or email <a href="mailto:towncouncil@princesrisborough.com">towncouncil@princesrisborough.com</a>
Signed
Name
Position within organisation
Date
Princes Risborough 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 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.



### Please send your completed application form together with:-

- Equal Opportunities Statement
- Annual Accounts Statement

If you require assistance in completing the application form or submitting the supporting information please contact the Clerk to the Council:

Susanne Griffiths, Princes Risborough Town Council, The Princes Centre, Clifford Road, Princes Risborough Bucks HP27 0DP. Tel: 01844 275912 Email:

towncouncil@princesrisboroughtowncouncil.gov.uk