



## **BIGGLESWADE TOWN COUNCIL APPLICATION FOR FINANCIAL ASSISTANCE**

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?

.....  
.....

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