



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
.....
.....
- 4 What are the aims of the organisation?
.....
.....
.....

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)

.....
.....
.....
.....

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

.....
.....
.....
.....
.....

8 Approximately how many people will benefit from this grant?

9 How many of these people are residents of Biggleswade?

.....

.....

.....

.....

£

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

£

Signed Date

Capacity in which signed

Please return completed application and supporting documents to:

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