



PLEASE RETURN BY 6th October

TO:-

Clerk of the Council
 Chipperfield Village Hall
 The Common
 Chipperfield
 Herts WD4 9BS

01923 263901

Email parishclerk@chipperfield.org.uk

GRANT APPLICATION 2018/19

NAME AND LOCATION/MEETING PLACE OF ORGANISATION

Tel

AMOUNT REQUESTED

£

ABOUT YOUR ORGANISATION

Aim of organisation.
Does your organisation have:-
a) A constitution Yes/No
b) An AGM Yes/No
If yes month of AGM
Date when organisation founded
Approx no. of members :
Age range of members :
Do *all/most/some members live in Chipperfield *delete as applicable

NAME AND ADDRESS OF TREASURER

Tel

NAME AND ADDRESS OF CHAIRMAN

Tel

I/we enclose the most recent set of our organisation's accounts, signed by the auditor, along with the names of the Trustees and/or other Management Board members. Yes/No

I/we enclose a write up of the organisation outlining its activities and encouraging membership for all appropriate residents of Chipperfield Yes/No

I/we enclose a description of the project for which the grant is sought, which contains a statement to the effect that this is a one-off project which is unlikely to be needed again for at least 3 years. Yes/No

I/we enclose an official estimate for the cost of the project. (See guidance note) Yes/No

Please sign

On behalf of

Signed

Print name

Dated

If your application is successful we reserve the right to contact you during the financial year to request un-

