

**OF ORGANISATION** 

**GRANT APPLICATION 2024/25** 

NAME AND LOCATION/MEETING PLACE

Tel					
AMOUNT DEOLIECTED					
AMOUNT REQUESTED					
r					
ABOUT YOUR ORGAN	<u>ISATION</u>				
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

## PLEASE RETURN BY 8<sup>th</sup> October TO:-

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

01923 263901

Email parishclerk@chipperfield.org.uk

NAME AND ADDRESS OF TREASURER						
Tel						

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T	el el						

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

		Print name	
Please sign			
On behalf of		Dated	
		If your applica	ation is successful we reserve the right
Signed		to contact you	during the financial year to request
		un-	
audited account	ts as confirmation of the monies spent	in	

**REASON FOR GRANT** (of each, giving as much details as possible) If for more than one reason please show the breakdown

accordance with your request.