



Serving the wards of
Broadacres, Fairlands, Jacobs Well, Perry Hill, and Wood Street Village

PROJECT TITLE

GRANTS TO VOLUNTARY ORGANISATIONS

APPLICATION FORM

Updated March 2025

Please read the Application Guidance leaflet before completing this form.

If you need assistance in completing this document, or require any further information, please contact Mrs Gaynor White, Clerk to Worplesdon Parish Council at:

Unit 2 - Saxton
Parklands
Railton Road
Guildford
Surrey
GU2 9JX

Telephone number 01483 300094
E-mail: clerk@worplesdon-pc.gov.uk



Organisation Details

Name of organisation: _____

Registered Charity Number (if applicable): _____

Contact Name: _____

Position within the Organisation: _____

Address for correspondence:

Postcode: _____

Telephone: (Day) _____ Telephone: (Evening) _____

E-mail address: _____

Bank Account Name: _____

Sort Code: _____

Bank Account Number: _____

Please outline briefly the aims and objectives of your organisation:

Please summarise activities planned during the coming year:



Please state the purpose for which the grant is required:

Please give details of how the project will benefit the residents of the Parish:

Estimated number of residents who will benefit from the grant: _____

Project Budget

Please supply a breakdown of the costs of the project:

Item	Cost	VAT	Total
Total project costs	£	£	£



Who will be carrying out the project?

Is the complete project to be carried out by a contractor or will a proportion be carried out by volunteers? Please give details.

Total amount of grant requested from Worplesdon Parish Council £_____

Alternative funding sources

Please state from where the remaining funding is being sought (if applicable)

Funding Source	Amount applied for	Application Outcome (or date when will be known)

Please state any other relevant information in support of your application



Details of previous grants awarded by Worplesdon Parish Council

Has your organisation previously received a grant/s, during the last three years, from Worplesdon Parish Council?

Year: _____ Amount: _____

Purpose: _____

Year: _____ Amount: _____

Purpose: _____

What do you estimate will be the major sources of funding for your organisation for the year that the grant will be required: (e.g. own fundraising, Government grant, other local authority grant etc.)

1 _____

2 _____

3 _____

Please express the amount of grant requested as a percentage of your estimate income for the year in which it is required: _____ %

Supporting documentation required

A range of supporting information helps the Council to assess your application in detail. Please therefore enclose a copy of each of the following if possible:

	Item enclosed? Tick box	
a. Latest available Annual Report:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Latest available Statement of Accounts:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. A copy of your organisation's constitution or set of rules:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Where one or more of the above is omitted, please explain why.



Please bear in mind that this application and all supporting information will be available for inspection by all councillors and members of the public as specified under the Freedom of Information Act (excluding information redacted under the Data Protection Act 2018 in respect of GDPR).

Grants will be paid by bank transfer directly into the organisations bank account.

Thank you for completing this form.

Finally, please complete the Declaration below.

DECLARATION

I hereby certify that, to the best of my knowledge, the information supplied in, and attached to, this application is correct.

I understand that, if successful, I will be required to confirm that any grant monies have been spent only in accordance with the purpose outlined within this application.

In making this application I declare that the organisation to which the application relates subscribes to the principles of equal opportunities in all of its activities and is operated on a not-for-profit basis.

If this application is approved, I confirm that the organisation will abide by any monitoring arrangements (including the adoption of Risk Management policies if required) specified by the Council and outlined in the guidance notes enclosed with this application form.

Signed: _____

Date: _____

Name (please print): _____

Position in Organisation: _____

Please return the completed form to the Parish Clerk, Worplesdon Parish Council, Unit 2 - Saxton, Parklands, Railton Road, Guildford, Surrey, GU2 9JX.



Please ensure that all sections have been completed and all attachments enclosed to ensure that your application can be processed.

For Office use

Date application received:

New application or renewal:

Council/Committee Decision:

Date:

Subject to the following conditions: