

ARLESEY TOWN COUNCIL
APPLICATION FOR FINANCIAL ASSISTANCE 2026/2027

1. Name of Organisation.....
2. Name of Contact.....
Address.....
.....
Post Code.....
Telephone number.....
3. How would you describe your organisation? (Please tick all 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 subscriptionIf NO, who is the organisation accountable to?
.....
.....
6. Please enclose the following documents:

- a. Copy of the Constitution
- b. Copy of Audited Accounts and Balance Sheet of your last Financial Year
- c. Either a copy of the last Annual Report to Members or a brief outline of the organisation's activities during the past year (using the space below)

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

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8. Approximately how many people will benefit from this grant?.....

9. How many of these people are residents of Arlesey?.....

10. How will the residents of Arlesey benefit from this grant?.....

.....

11. How much assistance are you requesting from Arlesey Town Council? £.....

12. Does your organisation hold any fundraising activities? YES/NO

13. If YES give an estimate of expected fundraising income 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 in the name of the organisation and sent to the contact as stated overleaf unless otherwise advised)

Please return completed application form enclosing supporting documents to:

Janet Bailey
Town Clerk
Town Council Office
Arlesey Community Centre
High Street
Arlesey
Beds SG15 6SN