**APPLICATION FOR FINANCIAL ASSISTANCE TO ACTON COMMUNITY COUNCIL**

**(MADE UNDER SECTION 137 OF THE LOCAL GOVERNMENT ACT 1972, AS AMENDED)**

NAME OF ORGANISATION:

1. NAME AND ADDRESS FOR CORRESPONDENCE:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. REASON FOR APPLYING FOR FINANCIAL ASSISTANCE?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. TELL US ABOUT YOUR ORGANISATION. WHAT DOES IT DO? WHO DOES IT HELP IN THE ACTON COMMUNITY COUNCIL AREA? WHERE ARE YOU BASED? WHEN AND HOW OFTEN DO YOU MEET? HOW LONG HAVE YOU BEEN ESTABLISHED?

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1. CAN ANYONE JOIN? YES/NO WHO CAN BENEFIT? …………………………………
2. HOW MANY RESIDENTS FROM THE ACTON COMMUNITY COUNCIL AREA ARE MEMBERS OF OR BENEFIT FROM YOUR ORGANISATION? …………………........................................
3. IS YOUR ORGANISATION A REGISTERED CHARITY? YES/NO

 IF YES, PLEASE GIVE THE REGISTERED CHARITY No: …………………………………………….

1. IS YOUR ORGANISATION PART OF A LARGER ORGANISATION AND IF SO WHICH ONE?

…………………………………………………………………………………………………………………..................................................

1. TELL US ABOUT THE SIZE OF YOUR ORGANISATION:

A. HOW MANY STAFF DO YOU EMPLOY? .......................................................................

* 1. ARE THEY QUALIFIED & HAVE THEY RECEIVED APPROPRIATE TRAINING AND IF APPROPRIATE, THE NECESSARY SECURITY CHECKS? ………………………………………………………………….………………………
1. IS THE WORK OF YOUR ORGANISATION SUPERVISED BY AN OFFICIAL BODY? YES/ NO

IF YES, PLEASE STATE SUPERVISING BODY: ……………………………………………………………………………...………

CONTINUED OVERLEAF/

**APPLICATION FOR FINANCIAL ASSISTANCE FROM:**

1. PLEASE SUPPLY COPIES OF YOUR ACCOUNTS FOR THE LAST TWO YEARS [ENCLOSED? **YES/NO** ]

(e.g: AUDITED PROFIT AND LOSS ACCOUNT AND BALANCE SHEET)

1. TELL US ABOUT YOUR FINANCIAL HOLDINGS. HOW MUCH MONEY DOES YOUR ORGANISATION HAVE?
	1. PETTY CASH AND CURRENT ACCOUNTS: ……………………………….…….…………………….
	2. DEPOSIT ACCOUNTS: …..……………………………………………………………………………...
	3. OTHER INVESTMENTS: ……………………..…….………………………………………………………………….
2. HOW MUCH WAS YOUR ORGANISATION’S PROFIT LAST YEAR? ……………..…………………………….…..

**OR** LOSS LAST YEAR? .……………..……………………………………………………………………

1. IF THE COMMUNITY COUNCIL WERE TO AGREE TO AWARD YOUR ORGANISATION FINANCIAL ASSISTANCE:-
2. WHAT TIER OF GRANT ARE YOU SEEKING? (PLEASE READ ACCOMPANYING GUIDELINES AND THEN DELETE AS NECESSARY): **TIER 1**: £200-£500 / **TIER 2:** £50-£200 / **TIER 3**: £25-£50
3. WOULD YOU BE PREPARED TO GIVE A REPORT TO THE COUNCIL ON HOW THE GRANT WAS SPENT AND WHAT BENEFIT THERE WAS TO THE COMMUNITY OF ACTON? **YES/ NO**
4. IF YOUR APPLICATION IS SUCCESSFUL PLEASE STATE BELOW THE PAYEE NAME FOR THE CHEQUE:

…………………………………………………………………………………………………………………

1. PLEASE USE THE SPACE BELOW FOR ANY OTHER INFORMATION THAT HAS NOT BEEN REQUESTED ABOVE THAT YOU THINK MAY SUPPORT YOUR APPLICATION:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………….…………………………………….…………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………….…………………………………………………………….........................................................................................................................................................................................................................................................................

**I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT**

SIGNED: ………………………………………………… DATE: …………………….…………..

POSITION IN ORGANISATION: ……………………………………………………..…………..………………………

CONTACT TELEPHONE NUMBER: ………………………………………………………………………….………………

**Please return this application form with supporting accounts to:**

**The Clerk to Acton Community Council, c/o Acton Community Resource Centre, Off Overton Way,**

**Wrexham, LL12 7LB (or email:** **clerk@actoncommunitycouncil.gov.uk****)**