

## **BURTON & WINKTON PARISH COUNCIL**

BURTON COMMUNITY CENTRE SANDY PLOT, BURTON BH23 7NH

email: <u>burton@dorset-aptc.gov.uk</u>

tel: 01202 470457

It is important that all information is included on this form. The Council will not accept covering letters and will not accept any new information once a decision has been made.

Completed forms must be emailed to: Parish Council Burton Clerk <br/>
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dorset-aptc.gov.uk>

Requests for grants can be made at any time from 1st April to 31st January. If successful, payment will normally be made within 3 months of application.

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Name of organisation				
Address				
	Postcode			
Email address	Telephone number			
Please state the account name, sort code	Please state the amount of grant required:			
and account number for payment into:	£			
	(There is no guarantee that this amount will be granted)			
Please state the dates covering the application (if applicable):				
How will you spend the money if you are successful in obtaining a grant?				

2.	Have you applied for	a grant	or loan fr	om any of the following:
۷.	(Please state the amount asked	for if an ap	plication is per	om any of the following: adding, the amount granted if approved, or the
	reason why a grant was refused	Amount	Amount	
		Pending	Granted	Reason for Refusal
Sports	s Council			
Bank				
Private	e/Commercial Sponsor			
Dorse	t Playing Fields Association			
Other	organisation or council			
3.	How will a grant impr	OVA VOL	ır organis	ation?
ა. 	How will a grafit impr	ove you	ii organis	ation?
4				da !
4.	How many of your me			ents in
5.	the parish of Burton & Winkton?  What are the objectives of your organisation?			
<b>J</b> .	windt are the objective	es or yo	di Organi	Sation:
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6.	What restrictions exist on who can join your organisation?
7.	If you have been issued with a Council grant previously please explain how it was spent.
8.	How will this grant benefit the residents of Burton & Winkton?
9.	Do you have secure tenure at the project site and if you do what type is it?
10.	What facilities are available for disabled people within your organisation?

11.	Have you made any environme months?	ental improvements in the last 12
12.	Do you have any environmenta 12 months?	al improvements planned for the next
11.	Please provide any other commendate (Please do not add extra pages):	nents you would like to make here
Please	e enclose with this application the fol	lowing information, as appropriate:
	1. A copy of your organisation's 2. A copy of your most recent audited accounts.	
3. Any	letters of confirmation or other nts/loans secured.	4. Business plan for the future operation of your club/organisation.
Signat	ure:	Please print name:
Date:		