

FOR OFFICE USE ONLY

organisation number

stamp

grant number

Please read 'GENERAL GUIDELINES' before completing the form.

Please complete all sections of the form. Please use BLOCK CAPITALS throughout and write or type in black ink or biro.

PART 1

Organisation Details

1

Name of organisation

Address of organisation

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Postcode

Telephone number Fax

Email address

Name of contact person

Position in organisation

Contact address

.....

Postcode

Telephone number Fax

Email address

What would be the best time to contact you ?

When does your organisation meet ? daily weekly monthly

What day does your organisation meet ?

Where does your organisation meet ?

Address

..... Postcode

Telephone number Fax

Who owns the premises ?

PART 1

2

Organisation's account name

Name and address of bank/building society

Sort code - - Account number

Name of signatories for cheques and home addresses

1. 3.

.....

2. 4.

.....

Does your organisation have annual accounts ? yes no

Does your organisation have any reserves ? yes no

If yes please enclose your organisations reserves policy with the
and tell us the amount in reserves £

Please state your organisation's total income for your last financial year £

3

What date was the group established ? / /

Does your organisation have a Management Committee ? yes no

Does your organisation have a written constitution or written rules ? yes no

Is your organisation a registered charity ? yes no

If yes what is the number

Is your organisation part of a regional organisation yes no

or a national organisation yes no

If yes please state the organisation

Does your organisation have Public Liability Insurance ? yes no

4

How do you aim to achieve Equal Opportunities in your organisation and in the services you provide ?

PART 1

5

Approximate numbers of people benefiting from the activities of the organisation

Approximate numbers (total)

Age ranges (please tick) 0-5 5-19 19-60 60-80 80+ all

6

Please describe the services of your organisation

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7

How many paid staff does your organisation have ?

How many volunteers does your organisation have ?

Approximately, how many total hours per week do your volunteers give ?
(eg 10 volunteers x 5 hours each = 50 hours)

8

Please give the name(s) of any staff from Wigan Council and any other organisations or agencies in contact with your organisation

name	position	department/organisation	telephone number

PART 2

9

Please give details of the total amount of grant requested

£

Total amount requested

10

Please list any other sources of funding being sought or that have been secured for the period of this application or project (please continue on a separate sheet if necessary)

Funding sources please list

Date Applied

Date Confirmed

£

11

What will happen to the activities or project when the grant is spent ?

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12

Please give any additional information in support of your application.
(please continue on a separate sheet(s) if necessary)

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