GRANT APPLICATION FORM

This application form may be used for grant applications up to £500 in the financial year. Organisations may only receive one grant per financial year. Please refer to policy and guidance notes when completing this form.

1.	Name of Organisation/Individual.	BILLINGHAM TONN FOOTBALL CLUB
2.	Name and address of contact for this application.	
3.	Telephone number/s of contact for this application.	
4.	Email address of contact for this application.	MORTON 353 Photmail. con
5.	Status of organisation (if registered charity, please include number).	Compony No 11733221
6.	How long has the organisation been established?	1967
7.	Brief description of purpose of organisation.	Communy football club oper to ages 5 + above
8.	Are you part of/affiliated to a larger organisation?	No
9.	How many members do you have that reside in Billingham?	200+
10.	Is there an annual subscription/membership fee?	members hip
11.	Please provide contact details for another senior member of your organisation.	
12.	Please provide contact details for an independent referee.	

SECT	SECTION 2: FUNDING					
13.	Total cost of funding?	+ 500				
14.	Amount of grant requested? (max £500)	4500				
15.	How much has already been raised towards the project?	+500 +500 +250				
16.	How will the balance be funded? (if applicable).					
17.	Has any further grant funding been sought for this project? If so, please specify details.	NO				
18.	Have you sought more than one quote for the project? (Please enclose copies).	No				
19.	Does the organisation have its own bank account with a minimum of two signatories?	Yes				

Please include with your application:

 Accounts for the last two year (draft accounts will be accepted if not yet audited);

Start up groups without two years of accounts should enclose a signed bank statement and business plan with their application.

SECTION	ON 3: PROJECT DETA	ILS	
20.	Please briefly describe the project, including: Where it will take place? How the community of Billingham will benefit? How the project supports the community? How you have identified the need for this project? How you will assess the success of the project? (If necessary, please supply further details on a separate sheet of paper).	The home & Visiting fam wand well electrated hospital and thome visiting teams a coned for changing room	m cafe anging atan for apporters shown g greatistepa
21.	How many people in Billingham do you expect to benefit directly from the project?	Home a Hudana is 250 per	game.
22.	Please advise the timescale for the project.	ASAP - Next Season Commonces end Ju	Ly 24
23.	Will the project require ongoing financial support? If so, how will this be funded?	No	7