

COMMUNITY GRANT SCHEME 2020/21 APPLICATION FOR RELIEF/SUBSIDY

ORGANISATION NAME:				
GROUP CLASSIFICATION: (Please mark	by placing an 'X' in the relevant box)			
Local community/voluntary group Local charity National charity Community amateur sports club	Community Interest Company Company limited by guarantee Sports club			
regional and national charities with a focus within the borough; a All applicants must be properly constituted and allow all resid demographic, for example, over sixties clubs, disabled grou	it community groups and voluntary organisations; local charities; nd not-for-profit sports clubs and Community Amateur Sports Clubs. lents to use its services (unless the organisation is for a specific ps, etc). The Council does not support individuals, commercial ations that do not directly benefit borough residents. New groups ints.			
WHAT AREA DOES YOUR ORGANISATI	ON SERVE? (please select all that apply)			
Borough of Broxbourne	Hertfordshire			
Eastern Region	Greater London			
UK	Broxbourne			
Cheshunt	Goffs Oak			
Hoddesdon	Turnford			
Waltham Cross	Wormley			
WHAT IS THE MAIN FOCUS OF YOUR ORGANISATION? (please only tick one)				
Advisory	Arts/Entertainment			
Community	Conservation/Environment			
Disability	Youth/Education			
Health	Homeslessness			
Sport	Support			
Welfare				

ABOUT YOU **CONTACT NAME: CONTACT ADDRESS: CONTACT TELEPHONE: CONTACT EMAIL: ORGANISATION** WEBSITE: **CHARITY NUMBER: GRANT REQUEST** WHAT TYPE OF GRANT ARE YOU APPLYING FOR? (please select all that apply) **Business Rates relief** Rent relief Facility subsidy **RENT RELIEF** Please provide your property address: **BUSINESS RATES RELIEF** Please provide your property address: Business rates account number: If your premises has a bar or gaming machine(s), please detail: Annual gross bar turnover: Annual organisation gross turnover: Profit made from gaming machines:

FACILITY SUBSIDY

EVENT NAME	DAY/DATE	TIME	VENUE	FACILITIES REQUIRED	ADDITIONAL INFORMATION

SUPPORTING INFORMATION

AIMS AND SERVICES:	
HOW DOES YOUR ORGANISATION BENEFIT BOROUGH RESIDENTS?	
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HOW MANY MEMBERS/USERS DOES YOUR ORGANISATION HAVE?	
HOW MANY MEMBERS/USERS LIVE IN THE BOROUGH OF BROXBOURNE?	
PLEASE DETAIL ANY MEMBERSHIP FEES:	
PLEASE DETAIL ANY OTHER FEES FOR MEMBERS:	
ARE THERE ANY RESTRICTIONS ON WHO CAN BE A MEMBER OR ACCESS YOUR SERVICES?	

FINANCIAL INFORMATION	
OPENING CASH BALANCE:	
CLOSING CASH BALANCE:	
INCOME:	
EXPENDITURE:	
SURPLUS: (if applicable)	
DEFICIT: (if applicable)	
FINANCIAL EXPLANATION:	
and any actions taken to improve Could you also include whether	ation is primarily funded, any large balance or surplus, e your organisation's financial position in recent years. you have applied for grants from other sources. You neral comment or explanation of your organisation's

DECLARATION

I am applying for financial assistance on behalf of the organisation named in this application. The information given in this application form is true and correct to the best of my knowledge and I am aware that any grant assistance awarded may be revoked if false information has been provided. I confirm that I have read the guidance notes and agree to the conditions on grant applications and awards detailed therein. If my application is successful, I agree to complete a grant evaluation form if required.

PLEASE MARK THE BOX WITH AN 'X' TO CONFIRM THAT YOU AGREE TO THE ABOVE DECLARATION:				
Signed:		Date:		

Along with this application form please provide copies of:

- 1. Your organisation's Constitution or Governing Documents (new applicants only)
- 2. Your organisation's audited accounts for the last full financial year (all applicants)
- 3. Your organisation's latest Annual Report or AGM minutes (all applicants)

Please save this form and send it to: jack.painter@broxbourne.gov.uk

All applications must be received by 9 December 2019. Late applications may not be considered.

Any queries regarding this form should be directed to the Grants Officer on jack.painter@broxbourne.gov.uk or 01992 785555 extn 5755.