



**APPLICATION FOR GRANT AID  
FOR COMMUNITY GROUPS AND ORGANISATIONS**

**A COPY OF THE TOWN COUNCIL'S GRANT AID POLICY STATEMENT IS ATTACHED  
AND YOU ARE ADVISED TO READ THIS BEFORE COMPLETING THE FORM**

**PART 1 – YOUR ORGANISATION**

Name of Organisation

Name of Contact

Address of Contact

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:

Telephone No

Daytime

Evening

Please outline briefly the activities of the Organisation

Total Number of members/volunteers/children in the group

Of these, how many resident in the Swanley Parish

Membership Subscription (if any)

Meeting Admission Fees if any

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Where and how often does the group meet

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**PART 2 – GRANT REQUEST ORGANISATION**

Cost of equipment/expenses etc	
Grant Required	

Please indicate below the purpose for which grant aid is required and then complete Section A or B. **(Please tick one box only)**

Capital Expenditure eg purchase of equipment, repair work etc (Complete section A)	
Revenue Costs eg membership/volunteer expenses, outings etc (Complete section B)	
Setting up expenses ie if your group is in its first year of operation (Complete section B)	

**A. CAPITAL EXPENDITURE**

Please give details below

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Please attach to this application form a written quote or example of the item for which expenditure is proposed (photocopied details would be acceptable).

**B. REVENUE EXPENDITURE/SETTING UP COSTS (Please give details below)**

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**PART 3 – STRATEGIC OBJECTIVES**

Please indicate which of Swanley Town Council’s strategic objectives will be supported by the expenditure

- |  | Please tick              |
|--|--------------------------|
| 1. Managing the Council’s resources effectively          | <input type="checkbox"/> |
| 2. Creating and Maintaining a Quality Environment        | <input type="checkbox"/> |
| 3. Making the Parish a Safer Community                   | <input type="checkbox"/> |
| 4. Encouraging Improvements to Health and Well Being     | <input type="checkbox"/> |
| 5. Promoting and Encouraging a more Prosperous Community | <input type="checkbox"/> |
| 6. Championing the Community’s needs and interests       | <input type="checkbox"/> |

Please state briefly why you believe the expenditure supports these policy objectives.

**Note: Large grants can only be considered if the expenditure supports (1) of the above**

**PART 4 – TO BE COMPLETED BY ALL APPLICANTS**

Please state balances in hand

Please give details of estimated expenditure for the forthcoming year, itemizing separately any anticipated capital expenditure INCLUDING or ADDITIONAL TO this application.

How much has the group raised through its own efforts eg fundraising

Has the Organisation applied to another source(s) for grant aid e.g. Sevenoaks District Council, Kent County Council or an affiliated National Body?

YES/NO

If 'Yes', please give precise details of this application, including whether a response has been received and attaching correspondence if necessary.

Please give details of any previous grant awards made by Swanley Town Council including the years in which the grants were made, the amount and whether they were for capital or revenue expenditure.

Please ensure all relevant documentation is enclosed with this application. The omission of such documentation will delay consideration of your application.

**CHECKLIST (All relevant parts of form completed)**

- Form Signed
- Audited Accounts
- Expenditure for ensuing year
- Written quote or details of capital item
- Any other supporting documentation referred to in your application

**I declare that, to the best of my knowledge and belief, the above information is correct.**

**Signature..... Date.....**

Please return this form to:

**Barb Playfoot, Executive Assistant  
Swanley Town Council, The Civic Centre, St Mary's Road, SWANLEY, Kent. BR8 7BU.**

If you have any queries, please contact Barb Playfoot on 01322 611663