View results

Respondent

1. Name of Organisation *

Alzheimer's Support

2. Your Name, Address and Status of Contact *

Fundraising Assistant
5 Sidmouth Street, Devizes, Wiltshire, SN10 1LD

3. Telephone Number of Contact *

01985 ████

4. Email Address For Correspondence On The Grant *

████@alzheimerswiltshire.org.uk

5. Your Email Address (if different)

6. Is the Organisation a Registered Charity?
   *

   ⬤ Yes

   ◯ No

7. Charity Registration No. *

   1048314

8. Amount of grant requested (Quotes and detailed breakdown of how the money is to be spent must accompany the application) *

   £250

9. For what purpose or project is the grant requested? *

   Lyneham Art Group

10. What will be the total cost of the above project *

    On going costs.

11. If the total cost of the project is more than the grant, how will the residue be financed? *

    By community fundraising.

12. What monies is the organisation/club contributing to the project? *

> Lyneham Art Group Programme Budget 2023
>
>
> Item £
> Art Facilitator £3840
> Venue Hire £480
> Materials £464
> Refreshments £144
>
> Total £4928
>
>
> Incomes & Contributions Amount
> Fee for materials £138
> Charitable income (Trusts, events etc) £4,540

13. Have you applied for grant for the same project to another organisation? *

○ Yes

◉ No

14. Who will benefit from the project? *

> Any local person living with dementia and their family/carers

15. Approximately how many of those who will benefit are residents? *

> Approximately ten members per session

16. What financial information have you included? *

> Incomes & Contributions

Your Details

17. Name *

> XXXXXX

18. Position *

> Fundraising Assistant

19. Contact Details *

> XXXX@alzheimerswiltshire.org.uk

20. **If you are successful and a grant is awarded, following the event/purchase you will be required to submit receipted invoice/s for the total amount of the award granted. If monies are not spent as specified in the application, they will need to be returned to the Parish Council.** *

   ◉ I Agree

21. Please email a copy of supporting documents **including your statement of accounts** to Parish.Clerk@lynehamandbradenstoke-pc.gov.uk *

   ◉ Completed