Small Grant Application Form

Name of organisation
BILLINGE EAST RESIDENTS ASSOCIATION

Name 45, LONDONFIELDS, BILLINGE (SECRETARY)
Address
~~Postcode~~ 01744 603235
Tel
Email dennis.mc@blueyonder.co.uk

What does your organisation do ?
ORGANISE EVENTS FOR BILLINGE RESIDENTS
~~RESIDENTS ASSOCIATION~~ TO PROMOTE
SOCIAL INCLUSION

How much money are you requesting? £ 300-00

Why do you need the money and what will you do with it ?
TO HELP FUND THE BILLINGE ELDERLY
RESIDENTS CHRISTMAS PARTY

How many members does your organisation have?
12 MEMBER + COUNCILLORS

How many beneficiaries will there be from the grant funded activities?
APPROX 180
.....

Is your organisation a registered Charity? Yes ☐ No ☑

If Yes, what is the Registration Number .....

Signed D McDonnell
Print Name DENNIS MC DONNELL
Position in organisation CHAIR
Date 06/11/25

NOTES:
. Please enclose a copy of the most recent audited / examined accounts of your organisation
. If these accounts show a healthy reserve, please explain why you are requesting a grant.
. We may request further information or clarification from you.
. If you want help or clarification in completing this form, contact the Clerk (see below).
. Please advise if other Grant Funders have been approached

Please send completed application forms, together with your accounts and any supporting material to:

The clerk
Billinge Chapel End Parish Council
The Public Hall
Billinge
WN5 7PE