

Community Grants Application



Instructions

Please complete all the required information. If you have difficulty completing this form, please contact the Council for further advice on 01297 32088.

Your details or details of organisation

Main Contact name (should be the person completing the form)		Address (including postcode)	
Organisation Name		Group Website address (if relevant)	
Email Address		Organisation start date (mm/yy)	
Telephone No.		Income over last accounting year	

What type of organisation are you?

Registered Charity

Company limited by guarantees

Unincorporated club or association

Community interest company

Other (please specify)

Are you part of a larger regional or national organisation? If no, leave box unchecked

Yes

If you are part of a national organisation you will still need your own local constitution to be eligible to apply for a grant.

How many of each of the following are involved in the organisation?

Full time (paid) staff:

Volunteers (excluding management committee):

Part time (paid) staff:

Management committee:

Project Details

Include start and end dates, description of the project, how you know that the people in the community want this project/activity and what evidence have you collected to demonstrate this:

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How do you see this project/activity progressing after this funding comes to an end, or is it a one-off project?

Please state the positive changes this grant would make to the lives of people who use your project/service.

Where will this project/activity take place? (Include postcode)

Who is organising the activity/project? Please provide a brief background on your experience or your group's experience in this area of work

Please describe three outcomes that you are hoping to achieve with your project
The PRIMARY outcome should be the one which you feel is the most important to the project and which most accurately reflects the work which a potential grant would fund.

1.
2.
3.

Project Budget

How much will the activity/project cost in total?

£

How much are you requesting a grant for? (For amounts under £1000 use the Small Grants Policy)

£

How much has been raised so far and where from?

£

From:

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Please give a breakdown of the cost of each item you are applying for funds to pay for. Be sure it adds up correctly.

Staff costs	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.
Volunteer costs	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.
Operational/ activity costs	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.
Office, overhead, premises costs	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.
Capital costs (Equipment)	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.
Publicity costs	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.
Other costs	Requested amount: Click here to enter text.
	Total Cost: Click here to enter text.
	Breakdown: Click here to enter text.

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Please attach copies of your group's supporting documents i.e. annual accounting information, constitution. Alternatively, they can be sent in by post – ensuring your Organisation name and fund applied to are clearly marked on the top sheet. Failure to supply these documents may mean a delay in payment of any grant awarded.

Documents to follow in post:

Bank details

Grant paid by BACS transfer. Please provide details of where you would like this paid.

Bank Name		Bank A/C Name	
Sort Code		A/C Number	
No. of signatories required:		Please note, the bank account should be in the name of the organisation. Funds will not be paid to an individual's bank account.	

If you are without a constitution, you must provide the name and contact details of the voluntary or not-for-profit organisation which has agreed to serve as your 'banker'. A letter confirming this from the 'banker' organisation, must be attached.

Organisation Name

Contact details

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DECLARATION	It is essential that you understand and agree to the following Conditions should your application be successful, and you are awarded a grant.	Any additional conditions to those below will be communicated in writing on offer of a grant and will also form part of these Conditions.
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CONDITIONS

We agree to comply with these conditions:	We confirm that the information contained in this application is correct.	We give permission for Axminster Town Council to record the information in this form electronically and to contact us by phone, mail, or email with regards to this application.
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	We give permission for the Council to name the recipient of the award on the Council's website.	We understand retrospective payments cannot be made with this award.
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	Funding is for one year unless stated otherwise.	To advise the Council immediately if the activity supported is cancelled or postponed.
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	Approval will be obtained from the Council to use the grant for any other purpose than that stated. The Council reserves the right to withhold approval if the proposed expenditure falls outside the criteria of the Small Grants Scheme or outside the grant-making policy of the Council, in which case, unspent money will be returned.	We acknowledge we cannot sell or dispose of any equipment or other assets funded or part funded by the Council without first receiving written permission.
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	In the event of a breach of these terms and conditions the Council reserves the right to take action to recover the total grant awarded and any costs or interest associated with the grant award.	This signature confirms my acceptance or the group's acceptance of the terms and conditions of the grant as they are set out in this application form and the application guidelines.
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Signature	<input type="text"/> <i>Signature of the Person Submitting this Form</i>	Name	<input type="text"/> <i>Name of the Person Submitting this Form (print)</i>
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Date of Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>MM</i>	<i>DD</i>	<i>YY</i>