## **Small Grants Application**



## Instructions

Postcode

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

	or details of organi				
Main Contact name (s the person completin		Address (including postcode)			
Organisation Name		Group Website address (if relevant)			
Email Address		Organisation start date (mm/yy)			
Telephone No.		Income over last accounting year			
A little more detail	Briefly tell us about your idea and why you want to do it. No more than 150 words. This text will be used in the Grants Section posted on the Council's website should you be allocated a grant.				
Please tell us					
what and who will be involved.					
	Please tell us what difference the activity/project will make to your community. This is about the benefits the project will deliver to those who participate. Be sure to refer to the outcomes on which your application will be assessed. No more than 200 words.				
Where and when will the activity or project take place?					

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	Who is organising the activity/project? Please provide a brief background on your experience or your group's experience in this area of work				
Funding details	How much will the activity/project cost in total?	£			
	How much are you requesting a grant for?  Maximum amount is £1000	£			
	Please give a breakdown of the cost of each item you want us to pay for such as fees, travel, equipment, travel, publicity, refreshments etc. Be sure it adds up correctly.				
	How will you raise the balance of the available?	e funds, if you ned	ed more than the £1000 grant		
Bank	available?	·			
Bank details Bank Name	available?  Grant paid by BACS transfer. Please	·			
details	available?  Grant paid by BACS transfer. Please	e provide details o			
<b>details</b> Bank Name	available?  Grant paid by BACS transfer. Please  If you are without a constitution.	e provide details of Bank A/C Name A/C Number , you must provicisation which has	of where you would like this paid.  de the name and contact details of the sagreed to serve as your 'banker'. A lette	er	
<b>details</b> Bank Name	available?  Grant paid by BACS transfer. Please  If you are without a constitution voluntary or not-for-profit organic confirming this from the 'banker's	e provide details of Bank A/C Name A/C Number , you must provicisation which has	of where you would like this paid.  de the name and contact details of the sagreed to serve as your 'banker'. A lette	er	

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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.	
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.	
	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.	
	Funding is for one year unless stated otherwise.	To advise the Council immediately if the activity supported is cancelled or postponed.	
	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.	
	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.	
Signature	Signature of the Person Submitting this Form	Name  Name of the Person Submitting this Form (print)	
Date of Signature	MM DD YY		