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| Small 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

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

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| 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 shouldyou be allocated a grant. |
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| Please tell us what and who will be involved. |  |
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|  | 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. |
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| Where and when will the activity or project take place? Include Postcode |  |

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|  | Who is organising the activity/project? Please provide a brief background on yourexperience or your group’s experience in this area of work |
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| **Funding details** | How much will the activity/project cost in total? | **£** |  |
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|  | How much are you requesting a grant for?Maximum amount is £1000 | **£** |  |
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|  | 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. |
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|  | How will you raise the balance of the funds, if you need more than the £1000 grant available? |
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| **Bank details** | Grant paid by BACS transfer. Please provide details of where you would like this paid. |  |  |

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| Bank Name |  | Bank A/C Name |  |
| Sort Code |  | A/C Number |  |

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|  | 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. |
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| Organisation Name |  |
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| 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 willbe 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. |
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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 paymentscannot be made with this award. |
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|  | Funding is for one year unless stated otherwise. |  | To advise the Council immediately if theactivity 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 disposeof any equipment or other assets fundedor part funded by the Council without firstreceiving 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 orthe group’s acceptance of the terms andconditions of the grant as they are set outin this application form and the applicationguidelines. |
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| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

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| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |