

## **Grant Application Form**

DATE APPLICATION SUBMITTED:				
Contact Name:				
Position:				
Organisation:				
Contact Address:				
Telephone Number:				
E-mail:				
Status of Organisation:				
Charity/Company number (if applicable)	Charity No: Company No:			
Are there any Members of Saltash Town Council on your Committee? (if so, please list them)				
What geographical area does your organisation cover?				
How long has your organisation been in	Less than one year			
existence?	Between one and five years			

Please note that it may be helpful to attend a meeting of the Policy and Resources Committee to answer questions on your application.

1. Organisation Background

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	Date Applied	Project	Amount Applied for	Successful Y/N
Have you applied for or a grant from Saltash Town Council within the last <u>5</u> Years?  (Please list – continue on a separate sheet if necessary)				
Please list the aims and objectives of your organisation				
What are the main activities of your organisation?				

	Yes / No or N/A
Is this a retrospective grant application?	
Are you part of a religious group?	
If application is for a Church – is it for anything other than a parish clock, Community Hall (used by all within the community) or environmental purposes?	
If application is for a School – Is it for anything other than environmental purposes or a project that does not benefit the wider community and is not in addition to statutory services?	
If application is from an Education, health or social service establishment – do you work in partnership with other groups?	
If application is from an Education, health or social service establishment – is project in addition to statutory services?	

## 2. Your project

Project	Start Date	/ /
	Finish Date	1 1
	Total Cost	£
	Grant Applied For	£

Project title:	
Description of project (please continue on a separate sheet if necessary):	
Where will the project/activity take place?	

Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)	
What evidence do you have that this project is required? (This might be survey work or statistical evidence)	
What support have you received for this project? (Please tell us about any expressions of support you have received from outside your organisation) Consultation with Community	
How will the project be managed and how will you measure its success?	
Please give the timescale and key milestones for your project, including a start date and finish date.	

what arrangements do you have in place to ensure safeguarding of children ar /or young people and/or vulnerable people (applicable only if yo project involves working withis client group)	ur		
3. How you will pay for y	our project.		
What will the money be sp (Provide a full breakdown of identifying what cost(s) this g spent on)	project cost(s)		
How will you promote STC of and project complete.	once application		
Please list any application in the table below:	s you have made for fu	nding from other	organisations
Organisation	Contribution Sought (£)	Applied (please tick as appropriate)	Granted (please tick as appropriate)
Please confirm if the bank a is in the projects name/o authorised representatives cheque?			

## 4. Further information enclosed Checklist.

	Enclosed (please tick)
A copy of your organisation's most recent bank statements (mandatory)	
Copies of all <u>relevant</u> Employer's, Building & Public Liability Insurance Certificates & Title Deeds if appropriate (mandatory)	
A letter head showing the organisation's address and contact details	
A copy of your constitution and articles of association (or similar documents if the above do not exist, showing the organisation's status)	
A copy of your organisation's latest set of accounting statements (if any exist)	
Copies of any letters of support for your project	
Other (please list)	

If any of the above documents have not been enclosed, please give reasons why in the box below:

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5.	Declaration by t			
		e best of my/our belice sed supporting docum	ef, the information given onent is correct.	n this application
		have read the Town t we meet the criteria	Council's Grant Policy an set out by the Policy.	d believe to the best
I/we	accept the followi	ng:		
		lse information we prolongly lse information we prolongly lse information we provide the properties of the prolongly lse information we provide the prolongly lse information we provide the project of the prolongly lse information we provide the project of the p	ovide, even if provided in	good faith, may lead
	(ii) that any grapplication and	ant offered will be us	ed only for the purposes s	set out in this
	(iii) that we will	I provide reports on p	rogress at the request of	the Town Council
(iv) that should any grant offered, not be used in accordance with the terms and conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to the Town Council on demand.				
			ether you have been succ ortly after the relevant Co	
	Signed:			
ı	Print Name(s):			
	Position(s):			

Date:	

Applicants should refer to the Privacy Notice on the Town Council Website <a href="https://www.saltash.gov.uk">www.saltash.gov.uk</a> for details on how we use your data.

COMPLETED FORMS SHOULD BE RETURNED TO:

The Town Clerk, Saltash Town Council,

The Guildhall, 12 Lower Fore Street, Saltash PL12 6JX

Email: enquiries@saltash.gov.uk

OFFICE USE ONLY:	
Date received	
Received by:	
Application Reference:	
Date to P&R Chairman	
Approved to go to Committee	
Committee Date	
Decision/Minute number	
Amount awarded	
Application refused by P&R Chairman or	
refused by Committee	
Appeal notice issued	
Appeal received	
Approved for Committee	
Decision/Minute number	