

Application Form



A. QUESTIONS ABOUT THE ORGANISATION

1. Name of the organisation:

Type of Organisation:

- Registered Charity
- Constituted 'not for profit' Community or Voluntary Group
- Social Enterprise e.g. Community Interest Company, Co-operative
- Village Hall or Recreation Ground Committee
- Town or Parish Council (*see guidance*)
- School (*see guidance*)
- Other (*please specify*)

Charity registration number and/
or Company number if applicable

Website (if applicable)

Social Media (if applicable)

2. Please provide details of the main contact at the organisation:

Name

Position held in organisation

Address for correspondence

Postcode

Telephone Number

Email Address

3. Your organisation's bank/building society account details

Name on Account	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>
Building Society Roll Number	<input type="text"/>
I confirm that a minimum of two people must sign to authorise all transactions (including cheques and online transactions)	Yes <input type="checkbox"/> No <input type="checkbox"/>

B. QUESTIONS ABOUT THE PROJECT

Project name	<input type="text"/>				
How much are you applying for?	<input type="text"/>				
The overall cost of the project or activity	<input type="text"/>				
Are you awaiting confirmation of funding from other sources for this project?	<input type="text"/>				
Please describe the project that you are seeking funding for in no more than 500 words and attach any supporting information. You may want to cover: What you intend to do? How you intend to do it? When is the project expected to start and finish? Who and how many people will benefit? What benefit this project is to the community?	<input type="text"/>				
Budget details A breakdown of how the grant will be spent/ what items or equipment will be purchased?	<table border="1"><thead><tr><th>Item</th><th>Cost</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Item	Cost	<input type="text"/>	<input type="text"/>
Item	Cost				
<input type="text"/>	<input type="text"/>				

C. SUPPORTING DOCUMENTS

What policies and procedures does the organisation have?

Constitution / set of rules	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minimum requirement
Safeguarding Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Health & Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Equal Opportunities Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Latest Audited Accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minimum requirement

Which of the following insurance cover does the organisation hold?

Public Liability (minimum £5 million)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	minimum requirement
Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Other (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>

D. DECLARATION

Part A: For completion by Organisation

Declaration: I am authorised and eligible to sign and approve this application on behalf of the organisation and declare the information included in this application is true and accurate.

I understand that the information provided, will be used to assess this application and subsequently to monitor the services that the organisation has agreed to provide.

I understand that in the assessment of this application the Council may share information contained within it with other core funders, relevant Council directorates and committees.

I certify that all the particulars given in the form are correct and that any grant money received from Witham Town Council will be used for the purposes stated on this form. The Council reserves the right to reclaim any funds used for another purpose.

I understand that the grant applied for must be spent within 6 months of the grant being awarded, and that any grant provided will not be provided on an ongoing basis in future years.

Name:

Signature: Date:

Position in organisation:

WITHAM TOWN COUNCIL IS A DATA CONTROLLER FOR THE PURPOSES OF DATA PROTECTION LEGISLATION. ALL PERSONAL INFORMATION IS HELD AND PROCESSED IN ACCORDANCE WITH THIS. PLEASE REFER TO OUR PRIVACY NOTICES PUBLISHED ON OUR WEBSITE AT WWW.WITHAM.GOV.UK/POLICIES FOR DETAILS.

Part B: For completion by the Ward Councillor

Amount of funding to be allocated from my Councillors' Grant Scheme Budget (£):

Declaration: I support this application on the condition that this application meets the Council's priorities and scheme guidelines.

I have a disclosable pecuniary interest I have a personal/ non-pecuniary interest

Details of declaration of interest if applicable (e.g. do you have a connection of any kind to the group or organisation applying for the grant) :

Name:

Signature: Date:

Only to be completed if the project is a joint project funded by more than one Councillor

Amount of funding to be allocated from my Councillors' Grant Scheme Budget (£):

Declaration: I support this application on the condition that this application meets the Council's priorities and scheme guidelines.

I have a disclosable pecuniary interest I have a personal/ non-pecuniary interest

Name:

Signature: Date:

Details of declaration of interest if applicable:

Only to be completed if the project is a joint project funded by more than one Councillor

Amount of funding to be allocated from my Councillors' Grant Scheme Budget (£):

Declaration: I support this application on the condition that this application meets the Councils priorities and scheme guidelines.

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Signature: Date:

Details of declaration of interest if applicable:

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Signature: Date:

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