

PETWORTH TOWN COUNCIL

TOWN COUNCIL OFFICE, THE OLD BAKERY, GOLDEN SQUARE, PETWORTH, GU28 0AP

Tel: 01798 344883. Email: clerk@petworth-tc.gov.uk

GRANT APPLICATION FORM

Please complete this form as clearly as possible and return it to the above address. The application form (only) will be circulated to all Members of the Council for consideration. The supporting documentation will be assessed by the Council's Finance & General Purposes Chairman and the Clerk/Responsible Financial Officer, to ensure the application meets the Council's criteria.

Please refer to the criteria before the completing this form.

Where * please delete as appropriate.

CONTACT DETAILS

Name of organisation, e.g. Club, Group or Organising Group (for Event):

Contact person for this application:

Position held (e.g. Chairman, Secretary or Treasurer):

Correspondence address:

Email address:

Telephone number:

ABOUT YOUR ORGANISATION/GROUP

What type of organisation/group are you?

Unregistered community group/club/society*
Registered charity* -
Other (please state):

Charity Registration No. (if applicable)

How long has the organisation/group been in existence?

Do you have a Constitution or a set of governing rules?

Yes/No*
If yes, please provide copy with this application
If none available, please explain management structure on a separate sheet.

What area does your organisation/group cover? <i>The Council can only fund grants to organisations/groups who can demonstrate direct benefit to residents of Petworth</i>	The Parish of Petworth: Other (please state):	
Describe the people you <u>mainly</u> work with:	Children under 16* Young people under 25* Older people over 60* Disabled people People of minority ethnic origin Other (please state):	
What is the normal membership fee?	Junior:	£
	Adult:	£
Does the organisation/group have a licensed bar?	Yes/No* <i>If no, does it intend to have a licensed bar?</i> Yes/No*	
YOUR ORGANISATION'S FINANCES		
Financial year (please state):		
Income	£	
Expenditure	£	
Reserves	£	
DESCRIBE THE PROJECT OR ACTIVITY THIS GRANT WOULD BE USED FOR		
<i>Try to be specific about what the organisation/group will do and how it will do it</i>		
Is it for a community event or festival?	Yes/No* <i>If yes, please complete Section A below. Do not complete Section B below.</i>	
Is it for an item of capital expenditure or project?	Yes/No* <i>If yes, do not complete Section A below. Go straight to section B below.</i>	
SECTION A – GRANT FUNDING FOR AN EVENT		
Please provide a detailed description of the event for which you are seeking funding. <i>Detailed projected costings must also be supplied.</i>		
What is the total cost of the event?	£	
For which element of the event is your organisation seeking funding?		
Who will benefit from this event?		

SECTION B – GRANT FUNDING FOR CAPITAL PURCHASE/PROJECT

This application must relate to a specific item of capital expenditure or project; it must not be for a regular item of maintenance or such other revenue item, e.g. ongoing expenses and staffing costs.
Please provide a detailed description of the capital purchase or project for which you are seeking funding.
*Detailed projected costings or quotations **must** also be supplied.*

What is the total cost of the capital purchase or project?

£

Who will benefit from this capital purchase or project?

SECTION C – GENERAL

TO BE COMPLETED BY ALL APPLICANTS

Amount for which the organisation or group is seeking grant aid from the Town Council:

£

How much does the organisation or group expect to raise by its own efforts and how?

How will the rest of the cost be financed?

What other organisations may use the organisation or group's facilities?

What other organisations will benefit from this event, project or scheme?

What facilities have been provided or improved as a result of the organisation or group's own efforts?

Has the organisation or group previously applied for a grant from this Town Council?

Yes/No*

If yes, please give brief details and the date of any grant received:

<p>Has the organisation or group made any grant application to any other Authority or grant making body for funding support for this event, project or scheme?</p>	<p>Yes/No* <i>If yes, please provide name of the Authority/funding organisation:</i></p> <p><i>Date(s) of application(s):</i></p> <p><i>If result of application(s) known, amount of grant(s) received:</i> £</p>
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PAYEE DETAILS FOR ANY FUNDING AWARD

All grant funding will be paid by cheque

Name of payee organisation as it appears on bank account:

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DECLARATION

If there is any other information which you consider to be relevant to your application, please provide details below or on a separate sheet.

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DECLARATION

This declaration must be signed by an authorised person within the organisation or group, e.g. Committee Member, Office Holder or Trustee.

- 1. I am authorised to make the application on behalf of the above organisation.**
- 2. I have read and noted the Council's criteria relating to this application and agree to abide by the conditions listed if a grant is awarded by the Council.**
- 3. I certify that the information contained in this application is correct.**
- 4. If the information in the application changes in any way, I will inform the Council.**
- 5. I give permission for the Council to record the details of my organisation electronically and to contact my organisation by phone, mail or email regarding this application.**
- 6. If the application is successful, I give permission for the Council to publicise the project/activity in the local media and on its website.**
- 7. I agree to provide a report, including photographs if necessary, to the Council, indicating how the grant awarded has been spent, within TWO MONTHS OF COMPLETION.**

<p>Signed</p>	<p>Date</p>
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CHECKLIST

Please enclose the following with your application. We will only process your application when we have received them.

	Please Tick
Signed application form, with every question answered	
Latest audited annual accounts	
Constitution or set of rules (if not applicable please state so)	
Copy of bank statements for past six months	
Copies of written estimates/quotations for equipment/capital items	
If possible, please email a copy of the grant application (only) to the Clerk (clerk@petworth-tc.gov.uk).	

Please send completed application form (with all supporting documentation) to:

THE CLERK,
TOWN COUNCIL OFFICE
THE OLD BAKERY
GOLDEN SQUARE
PETWORTH
GU28 0AP

If you have any queries, please contact the Clerk on:

Tel: 01798 344883

Email: clerk@petworth-tc.gov.uk

You are advised to keep a copy of this application for your own records.

For internal admin use only:

Date application received:	
Application reference no:	
Application meets criteria:	Yes/No* If no, give reasons:
Meeting Date/Minute No.	
Date applicant notified of outcome:	