



Coleford Town Council

GRANT APPLICATION

This form is for grants £200.00 - £500.00

Guidance Notes

This application should be made in conjunction with the attached Guidance Notes. Applications which do not conform to CTC requirements will not be considered.

Contact Details

Group / Organisations

Name

Group / Organisations address, including full postcode

Postcode:

Telephone Number

Email address

Website

Group / Organisation Contact

Title:

First Name:

Surname:

Position held in the group:

Contact Address, including full postcode

Postcode:

Daytime Telephone Number

Evening Telephone Number:

Email address



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The Money

Maximum figure payable for grants £2500.00.
(Grants exceeding £1500 **must** be match funded)

What is the size of the grant you require £

How much money the project will cost in total: £

How much money has been/is to be raised towards this sum. **(10 points)**

Please list the amounts and sources of funds that have already been confirmed.

How do you plan to raise funds to meet any shortfall and by when? **(5 points)**

Please give us a breakdown of how the money will be spent: **(5 points)**

Please specify how the costs are broken down as far as possible, e.g. itemise equipment costs etc.

Do you have a business plan **(10 points)**

Please describe any contribution you are making towards this project. **(10 points)**

This can be in cash, or an estimate of any 'in kind' contribution such as the amount of volunteers' time or the value of hiring a venue you are using for your project.

If you need to pay VAT include this in the cost.

If you can reclaim VAT and do not need to pay please do not include VAT



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The Projects/Activities You Plan

What project or activities will take place if you receive a grant? **(10 points)**

Please give the aims and objectives of your project

Try to be specific about what you will do and how you will do it. **(15 points)**

Explain how your project meets the needs of the community **(10 points)**



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Tell us how you have identified the need for the project, either within your group or community, and how you think your project will meet this need.(5 points)

How will you know that it has made a difference? (5 points)

When are you planning for your project or activity to take place?

Start date (month/year)

End date (month/year)

How many people do you expect to benefit directly from your project/activity?

Please give a number, do not put 'everyone in the area'. An estimate is fine if you cannot be exact.

What, if any, special safety issues are related to your project/activity?

Safety issues could be related to participants, organisers, general public and/or the environment. Please tell us if your project/activity has any such issues.



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About your Group/Organisation

Briefly describe the purpose of your group. Its aims & objectives & how your service differs from others in the parish **(5 points)**

What type of group are you?

Tick (✓) relevant category:

Registered Charity:

Unregistered Voluntary Organisation:

Company Limited by Guarantee:

Other – Please specify:

When did your group start?

If you are a branch of, or related to, a larger organisation, please tell us which one.

Describe the usual activities/services you provide.**(10 points)**

If you are a new group, describe the services/activities you plan to provide.

Does the Organisation have an agreed constitution or Memorandum of Association or rules?

Please state which and attach a copy:



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More Information

Please give us your bank or building society account details

You can only apply for grant if you have a bank/building society account in the name of your group. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal.

These people should not be related.

Account name:

Bank/building society name:

Bank/building society address

Who are the signatories and what position do they hold in your group?

1	Name	Position
2	Name	Position
3	Name	Position

How many people have to sign each cheque or withdrawal from this account?

Provide the following details from your most recent annual accounts which you also need to send us.

Account year ending

Total (gross income) £

Minus total expenditure £

Equals loss/profit for the year £

Savings (reserves, cash or investments) £

Please tick (✓)/complete boxes if your group has any of the following:

Public liability insurance other insurance (specify)

Relevant leaders' qualifications

Name of affiliated governing body



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Independent Referee

Your referee must be independent of your group and your management committee.

Your referee must be someone who knows about your group and can comment on your project. If your project is working with children, young people or vulnerable groups, your referee must be someone with a relevant professional qualification such as a teacher, social worker or childcare professional.

Title First Name Surname

Occupation

Telephone: Day Evening

How long have you known this group and how do you know about their work?

Signed:

Date:

Senior Contact:

Please give details of a senior member of your organisation.

For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below.

(This must not be the main contact name in Q1).

I confirm, on behalf of (insert name of group):

That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.

I further confirm that this application is made on the basis that if successful, the group will be bound to use the grant only for the purpose specified in this application, and will have to comply with any terms and conditions attached to the grant.

Post held in group:

Title First Name: Surname:

Contact address:

Telephone: Day Evening Postcode:

Signed: Date:



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Signature of Main Contact

This must be the signature of the person named in Q1 as the main contact and **not be the same person who has signed above**

I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.

Signed:

Date:

Please return all forms to

**The Town Clerk
Coleford Town Council
2 The Town House
Lords Hill Walk
Coleford GL16 8BD**

Telephone: 01594 832103

**e-mail: townclerk@colefordtowncouncil.gov.uk
www.colefordtowncouncil.gov.uk**