

GRANT APPLICATION FORM

It is preferred that applications are completed electronically and emailed to the Responsible Finance Officer at: finance@churchstretton-tc.gov.uk.

However, handwritten or typed applications may be sent to the Responsible Finance Officer at:

Community Grant Applications, Church Stretton Town Council, 60 High Street, Church Stretton, SY6 6BY. Please complete the shaded areas of the application.

ORGANISATION DETAILS

Name of Organisation:

| Ad | dress: | | | | |
|-------|------------------|-------------|----------|--------------|---------|
| | | | | | |
| Em | ail | | | | |
| Tel | ephone No. | | | | |
| CONT | TACT DETAI | LS | | | |
| Title | е | | Forename | | Surname |
| | | | | | |
| Pos | sition held in (| Organisatio | on | _ | |
| | | | | | |
| Em | ail | | · | Telephone No | 0. |
| | | | | | |

CHECKLIST

| Please read the Notes for Guida Please tick to confirm that you ha | | ully before submitting an applica | tion. | |
|---|-------------|-----------------------------------|-----------|--|
| Answered every question | | | | |
| Enclosed a copy of your constitution | n | | | |
| Enclosed a copy of your latest accounts, bank statements or other financial information | | | | |
| Signed the Declaration (minimum of two signatures) | | | | |
| ABOUT YOUR ORGANISATION | | | | |
| What type of organisation are yo | ou? Pleas | e tick all the boxes that apply: | | |
| Community group/club/society | | Company Limited by Guarantee | | |
| Registered Charity | | Other | | |
| If other, please describe: | | | | |
| Charity Registration Number: | | | | |
| What is the purpose of your comfinanced? | nmunity g | roup/organisation and how are yo | ou | |
| | | | | |
| | | | | |
| Please enclose a copy of your you must enclose a copy of you | | | d charity | |
| If you are a branch of or related | l to a laro | er organisation, please give deta | ile: | |
| n you are a branch or, or related | io, a lary | or organisation, piease give deta | 113. | |

| How many people (a | approxin | nately) are inv | olved in your o | rganisa | tion? | |
|-----------------------|-------------------|------------------|------------------|-----------|------------|----------------|
| Management | хрртох | Members/ | | Paid S | | |
| Committee: | | Volunteers: | | ' ' ' ' ' | Juli. | |
| Others (please spec | ·ifv)· | v orantooro. | | | | |
| Others (picase spec | , II y <i>)</i> . | | | | | |
| Please indicate if yo | ur group | has any of th | e following | | | |
| Public Liability | | · | Maximum cov | /er: £ | | |
| Insurance | | | | | | |
| Other Insurance | | | Maximum cov | /er: £ | | |
| (specify) | | | | | | |
| | | | | | | |
| ABOUT YOUR PROJ | ECT/SE | RVICE | | | | |
| Project Title: | | | | | | |
| | | | | | | |
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| | | | | | | |
| Briefly describe you | r projec | t or service to | enable the Co | nuncil to | n under | stand how its |
| grant will be used (p | | | | | Juliuci | staria now its |
| grant vin so acca (p | Todos at | .taon project pr | arr ii aranabio) | | | |
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| How many and wha | t types (| of Church Strot | ton residents (| 40 7/011 | ovnoct f | to honofit |
| from your project/se | | i Charch She | ion residents (| ao you i | expect t | .o benent |
| nom your project/30 | TVICC: | | | | | |
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| Have you received o | rant fun | ding from Chu | rch Stretton To | wn Cou | uncil in t | he past three |
| years? If so, please | | | | | | eived (broken |
| down annually) and | a summ | nary of the outo | comes of this fu | unding: | | |
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| Please provide a summary breakdown of what the this information to fully assess your application. If you plan or have received estimates/quotations please | ou have a project budget and |
|--|------------------------------|
| Description: | Estimated cost £ |
| | |
| | |
| Do these costs include VAT? | |
| Is your organisation VAT registered, unregistered or exempt? | |
| | |
| Please provide a summary of funding sought from clauding from other sources is not being sought please. | |
| Funding source: | Estimated Grant £ |
| | |

| How much of the organisation's own money will be used towards funding this project or service? | | |
|--|---|--|
| £ | | |
| How much funding are you seek | king from the Town Council? | |
| £ | % of total cost | |
| , , , | eserves which could meet the cost of this project on sproject cannot be supported from your own funds | |

DECLARATION

We are authorised to submit this application on behalf of the applicant organisation and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Church Stretton Town Council gives a grant, we undertake to use it only for the purpose given and according to any conditions specified. We also undertake to provide Town Council with a completion report within three months of the completion of the project or the end of the service period.

| 1st signatory (person submitting form): | | | | | |
|---|-----------------------------|----------------------------|--|--|--|
| Forename Surname Date | | | | | |
| | | | | | |
| Position within Organisation | | | | | |
| | | | | | |
| 2nd signatory (Chair or sor | nior representative of mana | nement committee): | | | |
| Z "Signatory (Chair or Ser | noi representative oi mana | gement commutee <i>)</i> . | | | |
| Forename | Surname | Date | | | |
| | | <u> </u> | | | |
| | Surname | <u> </u> | | | |