

NORMANTON TOWN COUNCIL



The Town Hall
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Normanton
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FOR OFFICE USE ONLY

Date Rec'd:

Amount Requested: £ -

Amount Awarded: £ -

Grant Reference:

1. What is the name of your organisation?

2. What is the purpose of your organisation?

3. What type of organisation are you?

Registered Charity

Voluntary Organisation

Other (please specify) _____

Please supply a copy of the constitution, or other document which governs your organisation.

4. Contact Details

Address: _____

Postcode: _____

Telephone No: _____

Mobile No: _____

E-Mail _____

5. Please give the name of the person dealing with this application, and their position within the organisation:

6. When was your organisation formed?

7. Does your organisation have a management committee?
 Yes No

Please list the names of the people in charge of your organisation

8. Has your organisation or the project you are working on, received funding from the Small Grants Scheme in the past?
 Yes No

If YES, please provide the following details:
Date of last award
Amount awarded

9. Where did you hear about the Small Grants Scheme?

Normanton Town Council Website	<input type="checkbox"/>
Normanton Advertiser	<input type="checkbox"/>
Wakefield Express	<input type="checkbox"/>
Councillor	<input type="checkbox"/>
Town Council Office	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/> _____

10. Please describe the project that you require funding for?

11. What is the proposed timescale for your project?

Start Date	End Date
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12. Where will the project take place? (if different to the organisation address)

13. Grant requested from the Small Grants Scheme

£ _____

Items required	Cost o item	Quote/ Estimate included
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
Total	£	

Quotes or estimates must be provided, photocopied catalogue pages are acceptable.

14. Have you or do you intend to apply for funding from any other organisations for this project?

Yes

No

If YES please give details:

Please provide copies of award letters

15. Please provide the following details from your most recent annual accounts:

Total Income	£
Less Total Expenditure	£
Surplus / Loss	£
Savings (Reserves, cash, investments)	£

If the amount requested is over £300.00, please provide a copy of your most recent annual audited accounts.

16. How many people from the Normanton and Altofts area will benefit from your project?

17. Are there any specific groups who will benefit?

Disabled

Elderly

Young People

Low Income Families

Other

18. Can anybody take part in your project regardless of race, gender, religion or disability?

Yes

No

If NO please state why:

19. Safeguarding Children, young people and Vulnerable Adults

Does your project involve work or contact with children, young people under the age of 18 or vulnerable adults?

Yes

No

If YES do you have the following in place:

Safeguarding policies

Child Protection training

Criminal Record Bureau checks (every 3 years)

Yes

No

Please provide copies of certificates for training, OFSTED or Care Quality Commission registrations.

20. Health & Safety

Are there any Health & Safety implications relating to this project?

Yes

No

If YES have you conducted a risk assessment?

Yes

No

Please provide details below:

21. Insurance

Does your organisation have insurance cover for the proposed activity?

Yes

No

If YES please state which type of insurance and provide a copy

Public Liability	<input type="checkbox"/>
Building's Insurance	<input type="checkbox"/>
Content's Insurance	<input type="checkbox"/>
Employer Liability	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

AGREEMENT

I have read and understand the terms and conditions of the Normanton Town Council Small Grants Scheme. I agree to provide all necessary documentation for verification prior to the application being considered. I confirm that if successful, the organisation will be bound to use the grant only for the purpose specified in this application and will comply with any additional conditions which the Town Council might attach to the grant.

I agree that I have read and understand Normanton Town Councils Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me. I have the right to request modification on the information that you keep on record. I have the right to withdraw my consent and request that I am removed from your database.

Signature: _____

Name (BLOCK CAPS): _____

Date: _____

BANK DETAILS

Payment will be made by Bank Transfer into your organisation's bank account or by cheque made payable to your organisation. Payments will not be made to an individual.

Bank: _____

Sort Code: _____ - _____ - _____ Account Number: _____

Account Name: _____

CHECKLIST

Have you enclosed the following?

- Q3 – Constitution of other document governing your organisation
- Q13 – Quotes or estimates relating to your project
- Q14 – Copies of awards from other organisations (if applicable)
- Q15 – Audited Accounts if applying for over £300.00
- Q19 – Safeguarding certificates and registrations (if applicable)
- Q21 – Copy of insurance
- Any other supporting documents