NORMANTON TOWN COUNCIL

SMALL GRANT APPLICATION

# About your Organisation

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| 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. When was your organisation formed?      |
| 5. Does your organisation have a management committee? [ ]  Yes [ ]  NoPlease list the names of the people in charge of your organisation                          |
| 6. Please give the name of the person dealing with this application, and their position within the organisation:      |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. Contact Details

|  |  |
| --- | --- |
| Address |       |
| Postcode |       |
| Telephone |       |
| Email |       |

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# About your Funding Bid

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| 8. Please describe the project that you require funding for?                          |
| 9. What is the proposed timescale for your project?Start Date       End Date       |
| 10. Where will the project take place? (if different to the organisation address)           |
| 11. Grant requested from the Small Grants Scheme £

|  |  |  |
| --- | --- | --- |
| **Items required** | **Cost of item** | **Quote included** |
|       | £      | [ ]  |
|       | £      | [ ]  |
|       | £      | [ ]  |
|       | £      | [ ]  |
|       | £      | [ ]  |
|       | £      | [ ]  |
| Total  | £      |  |

Quotes or estimates must be provided, photocopied catalogue pages are acceptable. |
| 12. Have you or do you intend to apply for funding from any other organisations for this project? [ ]  Yes [ ]  NoIf YES please give details:                         Please provide copies of award letters |
| 13. How many people from the Normanton and Altofts area will benefit from your project?      |
| 14. Are there any specific groups who will benefit?Disabled [ ] Elderly [ ] Young People [ ] Low Income Families [ ] Other [ ]        |

# Accounts

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| 15. Please provide the following details from your most recent annual accounts Total Income £      Total Expenditure £      Surplus / Loss £      Savings (Reserves, cash, investments) £      |

# Health & Safety, Safeguarding and Insurance

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| 16. Safeguarding Children, young people and Vulnerable AdultsDoes your project involve work or contact with children, young people under the age of 18 or vulnerable adults? [ ]  Yes [ ]  NoIf YES do you have the following in place:Safeguarding policies, Child Protection training, DBS checks (every 3 years) [ ]  Yes [ ]  NoPlease provide copies of certificates for training, OFSTED or Care Quality Commission registrations. |
| 17. Health & SafetyAre there any Health & Safety implications relating to this project? [ ]  Yes [ ]  NoIf YES have you conducted a risk assessment? [ ]  Yes [ ]  NoPlease provide details below:                          |
| 18. InsuranceDoes your organisation have Public Liability Insurance cover for the proposed activity? [ ]  Yes [ ]  No |

# 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.

# Bank Details

Payment will be made by Bank Transfer into your organisation’s bank account. Payments will not be made to an individual.

|  |  |
| --- | --- |
| **Account Name** |       |
| **Sort Code** |        |
| **Account Number** |       |

I confirm that these are the current account details for the above-named organisation.

Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (BLOCK CAPS):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Checklist

Have you enclosed the following?

[ ]  Q3 – Constitution of other document governing your organisation if you have one.

[ ]  Q11 – Quotes or estimates relating to your project

[ ]  Q12 – Copies of awards from other organisations (if applicable)

[ ]  Q15 – Bank Statement dated within the last three months.

[ ]  Q16 – Safeguarding certificates and registrations (if applicable)

[ ]  Q18 – Copy of Public Liability Insurance if you have it.

[ ]  Any other supporting documents

# Where to return this application

This form, when completed, should be sent to Normanton Town Council, Town Hall, High Street, Normanton, WF6 2DZ

# FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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