

WIMBORNE MINSTER TOWN COUNCIL
Application for Grant Aid from 01.04.2019

IMPORTANT: Please read the Grants Procedure Notes before completing and submitting this form.
Failure to complete the form fully/correctly, WILL result in your claim being rejected.

1.

(a) Amount Requested:	£
(b) Name of Charity / Organisation:	
(c) Name of Payee (if different):	
(d) Does your organisation make grants to others?	Y/N
(e) Would your project, purchase or organisation be at risk if this grant application is not approved?	Y/N
If yes, please explain why:	

2.

Name of applicant:			
Position held in the organisation:			
Address:			
	Post Code:		
Email:	Tel No:		
	Mobile No:		

3.

Is this a claim for (please tick only one)	
Annual running cost support	<input type="checkbox"/>
Specific project support / one off item	<input type="checkbox"/>
Funding towards an event	<input type="checkbox"/>

4.

Briefly tell us the purpose of your organisation and if appropriate your project;

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5.

Does your organisation fund raise? If so, please give details for your current financial year and last financial year, including amounts.	Y/N

6.

Which demographic does your organisation support/is your project or event aimed at? (Please indicate membership or user levels where possible of Wimborne Minster residents).

7.

Please complete the table on Appendix A at the end of this form telling us which of the Town Council's Priorities are met by your organisation and/or project/event and how.

8.

Is your organisation accessible by disabled or other minority groups? If yes, explain how.	Y/N

9.

Do you anticipate needing to apply for grants each year from this Council?	Y/N

10.

Will any grant awarded be ring fenced within your accounts for use in Wimborne Minster only?	Y/N

11.

Have you applied to any other organisations for grants for the same project or item? If yes, please provide details (add rows as required);	Y/N	
Organisation you have applied to:	Amount	When do you expect to hear?

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12.

Project / Item details		
If the grant is to fund or support a project or purchase an item, please provide details below of the costs (add rows as required) – or attach your own detailed breakdown of costs.		
	Item	Cost
1		
2		
3		
Total		

Please Note - If any one item of expenditure exceeds £500 please include at least 3 quotations.

Totals		
	Amount requested from Town Council	
	Amount requested from other bodies	
	Amount you are contributing	
	Total cost of project	

13.

CHECKLIST	Tick			
	Y	N	N/A	Previously supplied
Please read through your application carefully and ensure that you have included the following information where appropriate:				
Have you completed all of the questions on the application form?				
Have you enclosed a copy of your organisational constitution or rules? - If have previously supplied us with a copy of your constitution or rules, you need only send a copy if they have since been amended or updated.				
Please supply a copy of your budget for the current financial year if available.				
Have you included copies of quotations, where applicable? - If any one item of expenditure exceeds £500 please include at least 3 quotations.				
Have you completed Appendix A at the end of the application form?				
Have you enclosed a copy of your audited accounts for the most recent financial year? IMPORTANT NOTE - Please enclose your most recent full year's audited accounts. If these are not available, please contact the Finance Administrator at the Town Hall.				

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14.

Conditions

By making this application you are agreeing that:

- a) You understand that you may be asked for further information to be provided, in order for your application to be considered.
- b) You may be requested to make a presentation to provide more details about your application.
- c) If you are awarded a grant and your project does not proceed, any grant awarded must be repaid to us.
- d) If you are awarded a grant and your organisation ceases to be in operation in the financial year the grant is awarded then any grant paid in that year shall be repaid to us.
- e) You will abide by any conditions attached to the grant and supply any confirmations requested within the prescribed time.

NB: Failure to comply with any condition imposed on the granting of the award may affect any applications made by your organisation in the future.

15. Declaration

I declare that to the best of my knowledge the above information is correct. I agree to the above conditions on behalf of my organisation and I am authorised to do so.

Signed	Dated
Print Name	Position