



TAVISTOCK TOWN COUNCIL
CORONAVIRUS HEALTH EMERGENCY
GRANT APPLICATION FORM

Please answer all questions – failure to do so may result in a delay in the determination of your application

Q1 Contact Details

Name of group or organisation making application:

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Name of contact for this application

Title :First Name:Surname:

Position held in the organisation:

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Contact Address, including full postcode:

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.....

.....

.....Postcode:

Contact Telephone Number:

Email address:

About your organisation

Q2 What type of organisation are you?

Tick (✓) relevant category:

Registered Charity: () Charity Registration Number

Voluntary Organisation: ()

Company Limited by Guarantee: ()

Other – Please specify:

Q3 When was your organisation established?

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Q4 Briefly describe the purpose of your organisation.

Describe the usual activities/services you provide.

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

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Q5 If you are a subsidiary of a larger organisation, please state which one;

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Q6 Does your organisation have an agreed constitution or Memorandum of Association?

Please state which and attach a copy:

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Details of the project or activities you are planning

Q7 Describe the projects/activities you plan to use this grant for to support vulnerable people in the Town affected by the Coronavirus Health Emergency.

Please state the vulnerable group or groups that your project is intended to support, how they have been adversely affected by the Coronavirus health emergency and how your project is intended to assist them. Try to be specific about what you will do and how you will do it and any links you have to statutory bodies.

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Q8 What criteria will you use to measure the success of the project and how many vulnerable people from the Town do you expect to benefit for the project/activity?

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Q9 Insurance – what insurance does (or will) your organisation have?

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Q10 Please provide details of the amount of funding you need for your project and give us a breakdown of what the money is for (please enclose any relevant estimates or details).

Tell us the amount of grant requested £..... and provide a detailed breakdown as to how you have reached this figure.

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Please list the amounts and sources of funds that you expect to receive for other funding sources.

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Q11 Any other information which you consider to be relevant to your application.

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Q12 Declaration

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 organisation):

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 confirm that I have read the Terms and Conditions set out in the Coronavirus Health Emergency Social Fund Policy which accompanied this application and further confirm that this application is made on the basis that if successful, the organisation will be bound to use the grant only for the purpose specified in this application, and will have to comply with those Terms and Conditions and any others which the Council might attach to the Grant.

Post held in organisation:

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Title First Name: Surname:

Contact address:

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.....

.....

..... Postcode:

Telephone:

Signed: Date:

Q13 Signature of Person Completing the Application

This must be the signature of the person named in Q1 as the main contact and **not be the same person who has signed in Q12**

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:

I agree that by completing and submitting this Grant Application Form, that the Council may process my personal information for providing information and corresponding with me, but will not otherwise share that data other than with regulatory or statutory bodies tasked with addressing the Coronavirus health emergency.

Specifically, I agree that the Council can keep the contact information data I have provided within the Form for the purposes of this Grant Application. Should the organisation be successful in securing a Grant this information may be kept for a period of 6 months, or until the coronavirus Health Emergency has passed, whichever is the later. If however the Application is unsuccessful I would expect the Form to be destroyed as soon as the decision making process has been completed and the organisation has been advised to that effect.

I am aware that I can request that my personal information be destroyed at my request, but I accept that this may impact the communication the Council would be able to have with the organisation.

Signed.....Date.....

Please return your completed application form to:

**Town Clerk
Tavistock Town Council
Drake Road
TAVISTOCK
PL19 0AU**

**Telephone: 01822 613529
Email: info@tavistock.gov.uk**