



# TAVISTOCK TOWN COUNCIL

## GRANT APPLICATION

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

### Q1 Contact Details

Name of organisation making application:

.....

Name of your project (if this is different):

.....

Name of contact for this application

Title : .....First Name: .....Surname: .....

Position held in the organisation:

.....

Contact Address, including full postcode:

.....

.....

.....

.....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?**

.....

**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;**

.....

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

Please state which and attach a copy:

.....

**Q7 Previous Applications**

If you have applied for and received funding from Tavistock Town Council in the past please provide details of the amount, the year and briefly what the funding was used for.

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**Details of the project or activities you are planning**

**Q8 Describe the projects/activities you plan to use this grant for.**

Try to be specific about what you will do and how you will do it.

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Please state how you have identified this need and how the project will benefit the people of Tavistock, together with the estimated time span.

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**Q9 What criteria will you use to measure the success of the project and how many people from the Town do you expect to benefit for the project/activity?**

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**Q10 What, if any, special safety issues are related to your project/activity?**

Please provide the following information –

i) What kind of insurance does your organisation have?

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ii) Do the leaders have the relevant qualifications and/or experience?

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iii) What policies does your organisation have in place (i.e. Health and Safety, Childguard etc.)?

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**Q11 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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Tell us how much money the project will cost in total: £.....

How much money has been raised towards this sum: £.....

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

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**Q12 Any other information which you consider to be relevant to your application.**

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**Q 13 Please give us your bank or building society account details**

You can only apply for grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. **These people should not be related.**

Account name: .....

Bank/Building Society name: .....

Bank/Building Society address.....  
.....  
.....

Who are the signatories and what position do they hold in your organisation?

- |   |            |                |
|---|------------|----------------|
| 1 | Name ..... | Position ..... |
| 2 | Name ..... | Position ..... |
| 3 | Name ..... | Position ..... |

**Q14 Please provide a copy of your most recent annual audited accounts or, in the case of newly established organisations, the projected income and expenditure for the next twelve months.**

Please attach your most recent audited accounts or financial projections for a new organisation. **You need to include these documents with this application.**



*I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for additional information at any stage of the application process.*

Signed: ..... Date: .....

Please return your completed application form to:

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

**Telephone: 01822 613529  
Email: Tavistocktc@aol.com**

**All personal data will be processed lawfully in accordance with the Data Protection Act 1998**