



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.

.....

.....

.....

.....

.....

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.

.....

.....

.....

.....

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.

.....

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

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?

.....

.....

.....

.....

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?

.....
.....
.....

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

.....
.....
.....

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

.....
.....
.....

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.

.....
.....
.....
.....
.....
.....
.....

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.

.....
.....
.....
.....
.....

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

.....
.....
.....
.....
.....
.....

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.**

Q15 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 Notes 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:

.....

Title First Name: Surname:

Contact address:

.....

.....

.....

.....

.....

..... Postcode:

Telephone:

Signed: Date:

Q16 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 Q15**

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