

WARWICK TOWN COUNCIL



PART 3: APPLICATION FORM COMMUNITY EVENT FUNDING 2017

- Please read Guidelines Parts 1 & 2 before completing the form.
- Closing date for applications: 10 days prior to Committee.
- Applications must be countersigned by the supporting Town Councillor (Section 6).
- WTC encourages applicants to have other partners, groups or charities supporting part cost of the project.
- Grants under £3000 will go forward for approval to the Economic & Tourism committee.
- Grants more than £3000, to a maximum of £5000, will be taken to the Economic & Tourism committee for recommendation and then to the following Full Town Council meeting for final decision.

Section 1: Contact Details	
Name of group/organisation applying	
Contact details of person completing the application form Please note - this person is responsible for: <ul style="list-style-type: none">• providing information if requested• receiving the grant money if awarded• signing the grant agreement• providing evaluation/feedback	Name
	Email address
	Telephone number
	Postal address

Section 2: Group/Organisation Details		
Briefly explain what your group/organisation does (e.g. – youth club, charity) & your aims and objectives		
Please provide the charity & VAT number for your group, if applicable		
How many people are currently involved in your group /organisation?	Members / service users	
	Women (18+) =	Men (18+) =
	Girls (0-17) =	Boys (0-17) =
	Staffing	
	Paid staff =	Volunteers =

Section 3: Project Information	
Name of Event	
What is the date of the Event?	
Description of event and purchase requirement. (This should describe what you want to do with the money)	
Estimated attendance number, or attendance numbers of the event in previous year(s):	
What community need does your event aim to fulfil?	
Please give evidence of the need and how your event will fulfil this need:	
Please provide details of any other groups/organisations who are contributing to the project, such as community groups or agencies working with you:	
What age group(s) will benefit from the project?	Tick/indicate all that apply: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 66+
How will it be monitored for success? (e.g. attendance numbers, sessions run, funds raised).	

Section 4: Financial Details

How much money are you requesting from the fund?

Total amount applied for £

Please provide a simple itemised breakdown of how money will be spent

ITEM	COST
TOTAL:	

Is this the total cost of the project?

Yes No

If no, please give details of funds raised or applied for from other partners, agencies, groups etc:.

Other funds applied for/secured (including amount):

Please provide details for the bank account the grant should be paid to if awarded:

Bank name.....

Account name.....

Account number.....

Sort code.....

Section 5: Declarations

Signature of main contact person

Date form completed

Section 6: Town Councillor Declarations	
Town Councillor supporting the project (name)	
Have you been or will be actively involved in this project?	
Town Councillor's signature	
Date:	
Town Councillor's additional comments (if applicable)	

Completed forms and any supplementary sheets should be sent to:

Assistant Town Clerk
 Warwick Town Council
 Court House
 Jury Street
 WARWICK
 CV34 4EW

Electronic copies to be sent to: -
assistanttownclerk@warwicktowncouncil.org.uk

For any further advice please call 01926 411694