

# WARWICK TOWN COUNCIL



## PART 3: APPLICATION FORM COMMUNITY GRANT 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 Community & Cultural committee.
- Grants more than £3000 will be taken to the Community & Cultural 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<br><br><b>Please note</b> - this person is responsible for: <ul style="list-style-type: none"> <li>• providing information if requested</li> <li>• receiving the grant money if awarded</li> <li>• signing the grant agreement</li> <li>• providing evaluation/feedback</li> </ul> | 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?                                       | <table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Members / service users</b></td> </tr> <tr> <td>Women (18+) =</td> <td>Men (18+) =</td> </tr> <tr> <td>Girls (0-17) =</td> <td>Boys (0-17) =</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Staffing</b></td> </tr> <tr> <td>Paid staff =</td> <td>Volunteers =</td> </tr> </table> | <b>Members / service users</b> |  | Women (18+) = | Men (18+) = | Girls (0-17) = | Boys (0-17) = | <b>Staffing</b> |  | Paid staff = | Volunteers = |
| <b>Members / service users</b>  |  |                                |  |               |             |                |               |                 |  |              |              |
| Women (18+) =   | Men (18+) =  |                                |  |               |             |                |               |                 |  |              |              |
| Girls (0-17) =  | Boys (0-17) =  |                                |  |               |             |                |               |                 |  |              |              |
| <b>Staffing</b>   |  |                                |  |               |             |                |               |                 |  |              |              |
| Paid staff =  | Volunteers =   |                                |  |               |             |                |               |                 |  |              |              |

| Section 3: Project Information   |   |
|--|---|
| Name of proposed project   |   |
| What is the date or planned timetable for the project?   |   |
| Description of project/event/purchase requirement. (This should describe what you want to do with the money)   |   |
| What community need does your project aim to fulfil?   |   |
| Please give evidence of the need and how your project 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:<br><input type="checkbox"/> 0-8 <input type="checkbox"/> 9-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-35<br><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 |
|---------------|------|
|               |      |
|               |      |
|               |      |
|               |      |
|               |      |
| <b>TOTAL:</b> |      |

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):

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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:

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

Electronic copies to be sent to: -  
[clerk@warwicktowncouncil.org.uk](mailto:clerk@warwicktowncouncil.org.uk)

For any further advice please call 01926 411694