

WARWICK TOWN COUNCIL

APPLICATION FORM COMMUNITY FUNDING



- Please read Guidelines Parts 1 & 2 before completing the form.
- Closing date for applications: 10 days prior to Committee Meeting.
- Applications must be countersigned by the supporting Town Councillor
- Warwick Town Council encourages applicants to have other partners, groups or charities supporting financially to the cost of the project.
- Grants under £3,000 will go forward for approval to the Community & Cultural committee.
- Grants more than £3,000 will be taken to the Community & Cultural committee for recommendation and then to the following Full Town Council meeting for final decision.

If you can tick ALL the boxes below you are eligible to apply for a grant

- Your group has got a bank account (we cannot pay money into individual's accounts)
- Your group is non-profit making, i.e a registered charity, a voluntary or community group, or a club or society
- Your project will benefit people in Warwick (CV34)
- Your project requires a one-off payment (we cannot provide ongoing funding)
- Your project has not already started or been completed
- Your application includes at least 3 comparison quotes to demonstrate best value for money

Section 6 of this application, Town Councillor Declarations, must be completed before submitting your application to the office.

Section 1: Contact Details	
Name of group/organisation applying	
Contact details of person completing the application form 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 and ensuring a representative is available to present at our Annual Town Meeting, should the application be approved	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">Members / service users</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">Staffing</td> </tr> <tr> <td>Paid staff =</td> <td>Volunteers =</td> </tr> </table>	Members / service users		Women (18+) =	Men (18+) =	Girls (0-17) =	Boys (0-17) =	Staffing		Paid staff =	Volunteers =
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Section 3: Project Information											
Project Title											
<p>Tell us about your project</p> <ul style="list-style-type: none"> • This should describe what you want to do with the money • Planned timescales and start date of project • Who the project will benefit and what age groups? • Location – where will your project be based? 											
<p>How do you know there is a need for the work covered by your grant application?</p> <ul style="list-style-type: none"> • Describe the evidence you have got and the source (e.g survey, consultations, statistical data etc) 											
<p>Partnership Working</p> <ul style="list-style-type: none"> • What other partners are involved in the project and what are their contributions? 											

<p>Equality of access</p> <ul style="list-style-type: none"> How will you ensure that your project is open to all or, if you are focusing on a specific group or community that the target audience will have access to the project? 	
<p>What age group(s) will benefit from the project?</p>	<p>Tick/indicate all that apply:</p> <p><input type="checkbox"/> 0-8 <input type="checkbox"/> 9-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-35</p> <p><input type="checkbox"/> 36-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 66+</p>
<p>How will it be monitored for success?</p>	

Section 4: Financial Details															
<p>How much money are you requesting from the fund?</p>	<p>Total amount applied for £</p>														
<p>Please provide a simple itemised breakdown of how money will be spent</p>	<table border="1"> <thead> <tr> <th data-bbox="660 1115 1275 1160">ITEM</th> <th data-bbox="1275 1115 1485 1160">COST</th> </tr> </thead> <tbody> <tr> <td data-bbox="660 1160 1275 1218"></td> <td data-bbox="1275 1160 1485 1218"></td> </tr> <tr> <td data-bbox="660 1218 1275 1276"></td> <td data-bbox="1275 1218 1485 1276"></td> </tr> <tr> <td data-bbox="660 1276 1275 1335"></td> <td data-bbox="1275 1276 1485 1335"></td> </tr> <tr> <td data-bbox="660 1335 1275 1393"></td> <td data-bbox="1275 1335 1485 1393"></td> </tr> <tr> <td data-bbox="660 1393 1275 1451"></td> <td data-bbox="1275 1393 1485 1451"></td> </tr> <tr> <td data-bbox="660 1451 1275 1509">TOTAL:</td> <td data-bbox="1275 1451 1485 1509"></td> </tr> </tbody> </table>	ITEM	COST											TOTAL:	
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TOTAL:															
<p>Is this the total cost of the project?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>If no, please give details of funds raised or applied for from other partners, agencies, groups etc:.</p>	<p>Other funds applied for/secured (including amount):</p>														

Section 5: Declarations	
Signature of main contact person	
Date form completed	

This section must be completed before submitting your application to the office. 'Councillors Funding Application' form must also be completed by the supporting Town Councillor to indicate their support and submitted at the same time as this completed application.

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

For further support please call Warwick Town Council on 01926 411694