

# 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 by the committee.
- Grants more than £3,000 will be taken to the committee for recommendation and then to the following Full Town Council meeting for final decision.

**To be eligible to apply for a grant you must be able to answer YES to all of the questions below**

- Yes/No      Your group has got a bank account as we can only pay grant monies into an applicant's bank account
- Yes/No      Your group is non-profit making, i.e a registered charity, a voluntary or community group, or a club or society
- Yes/No      Your project will benefit people in Warwick (CV34)
- Yes/No      Your project requires a one-off payment (we cannot provide ongoing funding)
- Yes/No      Your project has not already started or been completed
- Yes/No      Your application includes at least 3 comparison quotes to demonstrate best value for money (where applicable)

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

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>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?</li> </ul> |   |
| What economic or community-based need does your grant aim to fulfil?  |   |
| 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?   |   |

| Section 4: Financial Details   |   |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |
|--|---|------|------|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|
| How much money are you requesting from Warwick Town Council?   | Total amount applied for £  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |
| Please provide a simple itemised breakdown of how this money will be spent.                          | <table border="1"> <thead> <tr> <th>ITEM</th> <th>COST</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td><b>TOTAL:</b></td> <td> </td> </tr> </tbody> </table> | ITEM | COST |  |  |  |  |  |  |  |  |  |  |  |  | <b>TOTAL:</b> |  |
| ITEM   | COST  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |
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|  |   |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |
| <b>TOTAL:</b>  |   |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |
| Is this the total cost of the project?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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):   |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |
| What is the total cost of the project / event?   | Total cost £  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |               |  |

| <b>Section 5: Declarations</b>   |  |
|----------------------------------|--|
| Signature of main contact person |  |
| Date form completed              |  |

**The supporting Town Council must also complete section 6 to indicate their support and submitted at the same time as this completed application.**

| <b>Section 6: Town Councillor Declarations</b>   |  |
|--|--|
| Name of Councillor supporting the project  |  |
| Have you been or will be actively involved in this project?  |  |
| Does the application improve services for under 18's or the elderly?   |  |
| Does the application include public involvement and offer equal opportunities?   |  |
| Does the application cover a deprived area in Warwick?   |  |
| Has the group previously applied for funding from Warwick Town Council? If yes, please give details of their previous applications (dates, amount requested, projects/ events) |  |
| Why do you feel Warwick Town Council should support this application?  |  |

I support this grant application and will attend the upcoming Committee Meeting to represent this application and answer any questions that may arise

\_\_\_\_\_  
**Name of Councillor**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Completed forms and any supplementary sheets should be sent to:  
Warwick Town Council, The Court House, Jury Street, Warwick, CV34 4EW.  
Electronic copies can be sent to: [jaynetopham@warwicktowncouncil.org.uk](mailto:jaynetopham@warwicktowncouncil.org.uk)