GRANT APPLICATION FORM FOR EVENT FUNDING

Section 1: Overview	
Name of event	
Name of organisation applying	
Grant amount requested	£
Supporting Councillor	
Name of person completing the application form	
Email address	
Telephone number	
Postal address	

FOR OFFICE USE ONLY	
Date application received	
Committee and date	
Full Council date	
Decision	
Acceptance form sent	
Completed acceptance form received	
Paid	

Section 2: Event Details	
Briefly explain what your event is about and your aims and objectives	
Please provide the charity & VAT number for your organisation, if applicable	
How many people are currently involved with your event?	**Members / service users** Women (18+) = Men (18+) = Girls (0-17) = Boys (0-17) = **Staffing** Paid staff = Volunteers =
Section 3: Event Information	
Event Title	
Tell us about your event • This should describe what you want to do with the money • Planned timescales and event date • How will the event benefit local residents, what age groups? • How will the event benefit Warwick businesses? • Location – where will your event take place?	
How do you know there is a need for the work covered by your grant application? • Describe the evidence you have got and the source (e.g. survey, statistical data etc)	
Partnership Working • What other partners are involved in the event and what are their contributions?	

Equality of access • How will you ensure that your event 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?	
What economic or community-based need does your grant aim to fulfil?	
What age group(s) will benefit from the event?	Tick/indicate all that apply: ☐ 0-8 ☐ 9-14 ☐ 15-24 ☐ 25-35 ☐ 36-50 ☐ 51-65 ☐ 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 £
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
Yes / No	Your group is non-profit making, i.e a registered charity, a voluntary or community group
Yes / No	Your event will directly benefit people in Warwick (CV34)
Yes / No	Your event requires a one-off payment
Yes / No	Your event has not already started or been completed

Yes / No	Your application includes at least 3 comparison quotes for every item
Yes / No	You have read the Warwick Town Council grants policy and meet the criteria to apply
Please provide a simple itemised breakdown of how this money will be spent. 3 quotes for each item or service to be included with the application	**ITEM** / **COST** (blank) (blank) (blank) (blank) (blank) **TOTAL:**
Is this the total cost of the event?	☐ 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):
What is the total cost of the event?	Total cost £

Section 5: Declarations	
Signature of main contact person This person is responsible for: • providing information as requested • receiving the grant money if awarded • signing the grant agreement • ensuring a representative is available to present at our Annual Town Meeting if the application is approved	
Name of main contact person	
Date form completed	

The supporting Town Councillor must complete section 6 before to indicate their support

Section 6: Town Councillor Declarations	
Name of Councillor supporting the event	
Have you been or will be actively involved in this event?	
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