## **PART 3 - 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.
- If your organisation is VAT-registered and you can claim VAT costs back, do not include these costs in your application.

| to be eligible to apply for a grant you must be able to answer tick all of the questions below |
|--|
| Your group has got a bank account  |
| Your group is non-profit making, i.e a registered charity, a voluntary or community group      |
| Your project will benefit people in Warwick (CV34)   |
| Your project requires a one-off payment (we cannot provide ongoing funding)                    |
| Your project has <u>not</u> already started or been completed                                  |
| Your application includes at least 3 comparison quotes   |
| You have read part 1 & part 2 and meet the criteria to apply                                   |
|  |

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

| Section 1: Contact Details  |                  |  |  |  |
|---|------------------|--|--|--|
| Name of group/organisation applying   |                  |  |  |  |
| Contact details of person completing the application form   | Name             |  |  |  |
|   | Email address    |  |  |  |
| This person is responsible for:   |                  |  |  |  |
| <ul> <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> |                  |  |  |  |
|   | 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       Volunteers = |  |  |  |
| Section 3: Project Information   |  |  |  |  |
| Project Title / Event  |  |  |  |  |
| Tell us about your project   |  |  |  |  |
| <ul> <li>This should describe what you want to do with the money</li> <li>Planned timescales and start date of project</li> <li>Who will the project 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?  |  |  |  |  |
| Describe the evidence you have got and the source (e.g. survey, statistical data etc)  |  |  |  |  |
| What other partners are involved in the project and what are their contributions?  |  |  |  |  |

| Equality of access  |  |       |
|---|--|-------|
| 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? |  |       |
| 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:         0-8       9-14       15-24         36-50       51-65       66+ | 25-35 |
| 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.   | TOTAL:   | COST  |
| 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): |  |  |  |
|--|---|--|--|--|
| What is the total cost of the project / event?   | Total cost £  |  |  |  |
|  |   |  |  |  |
| Section 5: Declarations  |   |  |  |  |
| 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.                           |   |  |  |  |
| Section 6: Town Councillor Declara   | tions   |  |  |  |
| Name of Councillor supporting the pro  | pject   |  |  |  |
| Have you been or will be actively invoin this project?   | lved  |  |  |  |
| Does the application improve services under 18's or the elderly?   | s for   |  |  |  |
| 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? yes, please give details of their previous applications (dates, amount requested projects/ events) | us  |  |  |  |

| Name of Councillor                                  | Signature  | <br>Date  |                |
|---|--|---|----------------|
|   | cation and will attend the upopplication and answer any qu | coming Committee Meeting to restions that may arise | represent this |
| Why do you feel Warwick should support this applica |  |   |                |

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