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.**

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| **Section 1: Contact Details** |
| Name of group/organisation applying |  |
| Contact details of person completing the application form This person is responsible for:* 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 |

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| **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? |

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| 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  |  |
| Tell us about your project* 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?
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| 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, consultations, statistical data etc)
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| Partnership Working * What other partners are involved in the project and what are their contributions?

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| 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?
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| What age group(s) will benefit from the project? | Tick/indicate all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
|  0-8 |  9-14 |  15-24 |  25-35 |
|  36-50 |  51-65 |  66+ |  |

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| How will it be monitored for success? |  |

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| **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  |

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| --- | --- |
| **ITEM** | **COST** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL:** |  |

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| 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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| **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.**

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| **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 Electronic copies to be sent to: -

Warwick Town Council clerk@warwicktowncouncil.org.u k

Court House

Jury Street

WARWICK

CV34 4EW

For further support please call Warwick Town Council on 01926 411694