

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.
- If your organisation is VAT-registered and you are able to 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 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 This person is responsible for: <ul style="list-style-type: none">• providing information if requested	Name
	Email address
	Telephone number

<ul style="list-style-type: none"> 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 	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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: black; color: white; text-align: center; padding: 2px;">Members / service users</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Women (18+) =</td> <td style="width: 50%; padding: 2px;">Men (18+) =</td> </tr> <tr> <td style="padding: 2px;">Girls (0-17) =</td> <td style="padding: 2px;">Boys (0-17) =</td> </tr> <tr> <td colspan="2" style="background-color: black; color: white; text-align: center; padding: 2px;">Staffing</td> </tr> <tr> <td style="padding: 2px;">Paid staff =</td> <td style="padding: 2px;">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 / Event	
<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, statistical data etc) 	
Partnership Working	

<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 economic or community-based need does your grant aim to fulfil?</p>	
<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 <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 Warwick Town Council?</p>	<p>Total amount applied for £</p>														
<p>Please provide a simple itemised breakdown of how this money will be spent.</p>	<table border="1"> <thead> <tr> <th data-bbox="660 1453 1275 1498">ITEM</th> <th data-bbox="1275 1453 1485 1498">COST</th> </tr> </thead> <tbody> <tr> <td data-bbox="660 1498 1275 1561"></td> <td data-bbox="1275 1498 1485 1561"></td> </tr> <tr> <td data-bbox="660 1561 1275 1624"></td> <td data-bbox="1275 1561 1485 1624"></td> </tr> <tr> <td data-bbox="660 1624 1275 1686"></td> <td data-bbox="1275 1624 1485 1686"></td> </tr> <tr> <td data-bbox="660 1686 1275 1749"></td> <td data-bbox="1275 1686 1485 1749"></td> </tr> <tr> <td data-bbox="660 1749 1275 1812"></td> <td data-bbox="1275 1749 1485 1812"></td> </tr> <tr> <td data-bbox="660 1812 1275 1892">TOTAL:</td> <td data-bbox="1275 1812 1485 1892"></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>														

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 Declarations	
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