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.**

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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? | | |  |  | | --- | --- | | Members / service users | | | Women (18+) = | Men (18+) = | | Girls (0-17) = | Boys (0-17) = | | Staffing | | | Paid staff = | Volunteers = | |  |  | |
| **Section 3: Project Information** | | |
| Project Title / Event |  | |
| 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? |  | |
| 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 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 | 25-35 | | 36-50 | 51-65 | 66+ |  | | |
| How will it be monitored for success? |  | |

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| **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. | |  |  | | --- | --- | | **ITEM** | **COST** | |  |  | |  |  | |  |  | |  |  | |  |  | | **TOTAL:** |  | |
| 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 £ |

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| **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.**

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| **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

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**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