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? |

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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 / 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?
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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, 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 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:

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| --- | --- | --- | --- |
|  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 Warwick Town Council? | Total amount applied for £ |
| Please provide a simple itemised breakdown of how this money will be spent. |

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| --- | --- |
| **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