

FEATHERSTONE TOWN COUNCIL

**SMALL GRANTS APPLICATION
For grants up to £500**

Please answer all questions – failure to do so may result in a delay in the determination of your application.

Q1 Contact Details

Name of organisation making application:

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Name of your project (if this is different):

.....

Name of contact for this application:

Title: First Name: Surname:

Position held in the organisation:

.....

Contact Address, including full postcode:

.....

.....

.....

.....

Contact Telephone Number:

Email Address:

About your organisation.

Q2 What type of organisation are you?

Tick () relevant category:

Registered Charity: () Charity Registration Number:

Voluntary Organisation: ()

Company Limited by Guarantee: () Company Number:

Other – Please specify:

Q3 When was your organisation established?

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Q4 Briefly describe the purpose of your organisation.

Describe the usual activities/services you provide.

If you are a new organisation, describe the services/activities you plan to provide.

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Q5 If you are a subsidiary of a larger organisation, please state which one.

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Q6 Does your organisation have an agreed Constitution or Memorandum of Association?

Please state which and attach a copy:

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Details of the project or activity you are planning.

Q7 Describe the projects/activity you plan to use this grant for.

i) Try to be specific about what you will do and how you will do it.

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ii) Please specify the time scale for your project.

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iii) Please state how you know that the people in your community want this project and what difference you hope the grant will make.

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iv) Describe the anticipated benefits to the organisation and to Featherstone if this scheme is to go ahead.

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v) How many people from the Parish of Featherstone do you expect to benefit directly from your project or activity?

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Funding of your project.

Q8 Please provide details of the amount of funding you need for your project and give us a breakdown of what the money is for (please enclose any relevant estimates or details).

Tell us the amount of grant requested:

and provide a detailed breakdown as to how you have reached this figure.

Cost of Project

Project Items	Amount of Project	Amount requested
	£	£
	£	£
	£	£
	£	£
	£	£
Total	£	£

How Project is to be funded

Funding for Project	Amount received
	£
	£
	£
	£
	£
Total	£

Your Accounts.

Q9 Please provide the following details from your most recent annual accounts.

Total Income £

Less Total Expenditure £

Surplus / Loss £

Savings (Reserves, Cash, Investments) £

Please note if you are requesting in excess of £300.00, please provide a copy of your most recent annual audited accounts or, in the case of newly established organisations, the projected income and expenditure for the next twelve months.

Account Details.

Q10 Please give us your bank or building society details.

*You can only apply for a grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. **These people should not be related.***

Account name:

Name & Branch of Bank/Building Society Name:

Account Number Sort Code

Number of signatories on the account:

Declarations.

Q11 Declaration.

Please give details of a senior member of your organisation.

For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. **(This must not be the main contact name in Q1).**

*I confirm, on behalf of
(insert name of organisation).*

That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.

I confirm that I have read the Terms and Conditions set out in the Notes which accompanied this application and further confirm that this application is made on the basis that if successful, the organisation will be bound to use the grant only for the purpose specified in this application, and will have to comply with those Terms and Conditions and any others which the Council might attach to the Grant.

Post held in organisation:

.....

Title: First Name: Surname:

Organisation Address, including full postcode:

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.....

Telephone Number:

Signed: Date:

Q12 Signature of Person Completing the Application.

This must be the signature of the person named in Q1 as the main contact and **not be the same person who has signed in Q11.**

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for additional information at any stage of the application process.

Signed: Date:

Checklist

- 1. Have you answered every question?
- 2. Have all signatures been completed?
- 3. Have you included a copy of your constitution?
- 4. Have you included a copy of your most recent audited accounts?

5. Please state any supporting documents you are submitting:
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Please return your completed application form to:

**Town Clerk
Featherstone Town Council
Old Town Hall
Wakefield Road
Featherstone
WF7 5WW**

Telephone: 01977 722654

Fax: 01977 722654

Email: towncouncil@featherstone-tc.gov.uk