



ABERYSTWYTH TOWN COUNCIL GRANT APPLICATION FORM

Date:

1 Contact Details

Name of group making application:

Name of your project if this is different:

Name of contact for this application:

This must be someone from your group who knows about your project and can be contacted during office hours. This is normally the person completing the form.

Position held in the group:

Contact Address:

including full postcode

Daytime Telephone Number:

Evening Telephone Number:

E-mail address:

2. Your Group

What type is your group?

eg:
Registered Charity;
Unregistered Voluntary
Organisation;
Company Limited by Guarantee;
Other – please specify.

When did your group start?

**Briefly describe the purpose
of your group:**

Describe the usual
activities/services you provide. If
you are a new group, describe the
services/activities you plan to
provide.

**If you are a branch of, or
related to, a larger
organisation, please tell us
which one:**

**Does the Organisation have
an agreed constitution, or
Memorandum of Association,
or rules?**

Please state which and attach a
copy.

3. Your project / activities

Describe the projects / activities you plan to use this grant for:

What project or activities will take place if you receive a grant? Try to be specific about what you will do and how you will do it.

How have you identified the need for the project, either within your group or community?

Explain how you know that people in your community want this project. Has the project been developed in response to a known need – demonstrated through eg: a survey, requests to the project development committee, questionnaires to user groups, outcomes of public meetings, success of previous project, evidence gathered from similar work elsewhere, from the results of local research etc.

How will your project meet this need?

What difference do you hope the grant will make?

<p>How will you know that it has made a difference?</p>	
<p>When will your project or activity take place?</p> <p>We cannot give grants for goods or services that are ordered or bought prior to the Council's decision.</p>	<p>Start date: __ / __ / __</p> <p>End date: __ / __ / __</p>
<p>How many people do you expect to benefit directly from your project / activity?</p> <p>Please give a number, do not put <i>everyone in the area</i>. An estimate is fine if you cannot be exact.</p>	
<p>What, if any, special safety issues apply to your project / activity?</p> <p>Safety issues could be related to participants, organisers, the public and/or the environment.</p>	

<p>Has your group any of the following? Please provide details:</p> <ul style="list-style-type: none"> • Public liability insurance • Other insurance (specify) • Relevant leaders' qualifications • Name of affiliated governing body 	
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4. Grant details	
<p>Amount of Aberystwyth Town Council grant requested?</p> <p>Maximum grant payable £2,000.</p>	
<p>Please provide a breakdown of how the money requested will be spent.</p> <p>Please enclose any relevant estimates or details.</p> <p>Please specify how the costs are broken down as far as possible, e.g. itemise equipment costs etc.</p> <p>If you need to pay VAT include this in the cost. If you can reclaim VAT please do not include VAT.</p>	

<p>What is the total cost of your project / activity?</p>	
<p>How much money has been / is to be raised to meet the total cost?</p> <p>Please list the amounts and sources of funds that have already been confirmed.</p>	
<p>How do you plan to raise funds to meet any shortfall? And by when?</p>	
<p>Have you asked any other town and Community Councils for grant aid towards this project?</p> <p>If so, how much and what for?</p>	

<p>Please describe any contribution you are making towards this project.</p> <p>This can be in cash, or an estimate of any 'in kind' contribution such as volunteers' time or the value of hiring a venue you are using for your project.</p>	
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5 Bank details	
You can only apply for a grant if you have a bank/building society account in the name of your group.	
Account name:	
Sort Code	
Account Number	
Bank/building society name:	
Bank/building society address:	
<p>Who are the signatories and what position do they hold in your group?</p> <p>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.</p>	
Name Position	
Name Position	
Name	

Position	
Provide the following details from your most recent annual accounts - a copy of which you also need to send to us.	
Account year ending	
Total (gross income)	
Minus total expenditure	
Equals loss/profit for the year	
Savings (reserves, cash or investments)	

6. Independent referee:

Your referee must be independent of your group and your management committee.

Your referee must be someone who knows about your group and can comment on your project. If your project is working with children, young people or vulnerable groups, your referee must be someone with a relevant professional qualification such as a teacher, social worker or childcare professional.

Full name:	
Occupation:	
Telephone:	Day: Evening:
How long have you known this group and how do you know about their work?	
Signed:	

Date:	

7. Senior contact:

Please give details of a senior member of your organisation. eg this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. **(This must not be the same contact name as for question 1).**

I confirm, on behalf of:

.....
(insert name of group)

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 further confirm that this application is made on the basis that if successful, the group will be bound to use the grant only for the purpose specified in this application, and will have to comply with any terms and conditions attached to the grant.

Position held in group:	
Full name:	
Contact address (including postcode):	
Telephone:	Day Evening
Signed:	
Date:	

8. Signature of main contact

This must be the signature of the person named in question 1 as the main contact

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:

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM BY 1ST
APRIL TO:**

**The Town Clerk
Aberystwyth Town Council
11 Baker Street
Aberystwyth
Ceredigion
SY23 2BJ**

**01970 624761
council@aberystwyth.gov.uk**

Please let us know if you need to receive this form in another format