|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\user\Documents\Personal\Jean\Play Parks\Fairfields logo 3.png | | Name: GRANT APPLICATION FORM  Policy Reference: FCC-08 | |
| Author: | | Vicky Mote (Clerk) | |
| Version | Date Adopted | Next Review Date | Reason for change (new, full rewrite,  minor change) to reflect legislation. |
| 1 | 18-05-23 | May 24 | No changes |

Please complete the form as fully as possible. Not all questions may be appropriate to your organisation. Please ensure that appropriate financial information is provided.

# **DETAILS OF YOUR ORGANISTIONS**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| E-mail: |  |
| Website: |  |
| Charity number (if any) |  |
| Amount requested £ |  |

# **2. ABOUT YOUR ORGANISATION**

## 2.1 What services do you provide?

## 2.2 Who benefits from your activities? (e.g., ages, ethnic groups, adults/children etc.).

## 2.3 How many people in Fairfields will benefit?

## 2.4 How is your organisation managed (e.g., voluntary committee, privately owned).

(a) Number of Volunteers?

(b) Number of Employees?

## 2.5 What is your main source of income?

## 2.6 Have you any other sources of income?

## 2.7 Have you applied for any other grants? (please specify)

# **3. FUNDING REQUIRED**

## 3.1 Please give full details of your funding requirement (e.g., set up costs, capital purchase new project etc.)

## 3.2 How much funding is required?

## 3.3 When would funds be required?

## 3.4 Please provide as much information as possible about your project (including examples, photos and/or quotations). Continue on a separate sheet if necessary.

# **4. ADDITIONAL INFORMATION**

## 4.1 Please provide any further details which you feel may support your application:

# **5. MONITORING PROGRESS.**

Please state what you hope to have achieved:

(a) Six months after receiving a grant.

(b) Twelve months after receiving a grant.

# **6. CONTACT PERSON.**

This is the person who has full knowledge of the application and can respond to any queries from Fairfields Community Council.

Name: Vicky Mote

Position: Clerk/RFO

Email address: [clerk@fairfields-pc.gov.uk](mailto:clerk@fairfields-pc.gov.uk)

Tel: 01908 736899

# **7. SUPPORTING DOCUMENTS.**

For you application to be considered, the following documents are required:

* **Accounts** for the last financial year. If your accounts are more than six months old, please provide up-to-date income and expenditure accounts. If you operate a receipts and payments method of recording expenditure, and are in your first year of operation, please also forward copies of supporting bank statements.
* **Constitution or Aims and Objectives** (unless previously submitted)
* **Latest Annual Report** or **AGM Minutes**.
* **Minutes of the last 3 Management Committee Meetings**.
* **Business Plan** or **Development Plan** if available.
* **Equal Opportunities Policy** or statement.
* **Child Protection Policy** – please forward if your group works with children and young people under the age of 18.

**If you are unable to supply any of these, please note the reason below.**

# **8. DECLARATION**

* I certify that I have completed this form in full and have attached the required documents.
* The information contained in this application form is correct.
* I am authorised to make an application on behalf of:

|  |  |
| --- | --- |
| Name of group: |  |
| Signed: |  |
| Name in capitals: |  |
| Position in group: |  |
| Date: |  |

This form MUST be countersigned by the Treasurer of a Trustee:

|  |  |
| --- | --- |
| Signed: |  |
| Name in capitals: |  |
| Position in group: |  |
| Date: |  |

Forms must be submitted at least seven working days before a full council meeting where it will be considered. For a full list of meeting dates, please visit our website or contact the Clerk.

# **9. ACCEPTANCE OF FUNDING**

|  |  |
| --- | --- |
| On behalf of: | (name of organisation) |
| !, | (name) |
| Position Held in | (name of organisation) |

Accept the conditions stipulated in the Fairfields Community Council Grant Awarding Policy.

I confirm that the report will be provided to Fairfields Community Council by DD/MM/YYY.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |