Desborough Town Council

COMMUNITY GRANT APPLICATION FORM

The Council is not required to make any grants at all. Applications made will be considered in the light of the Council's Community Grants Policy, due diligence on applications, and the available budget. Applications which do not meet the policy requirements, are incorrectly completed, are incomplete, do not meet the minimum standards, or are for a purpose which the Council cannot fund, may be rejected without being submitted to the Advisory Panel or the Council.

The Council aims to consider grant applications quarterly as set out in the table below (these dates may vary).

| | Q1 | Q2 | Q3 | Q4 |
|--|----------|-----------|------------|------------|
| Application closing date | 30 April | 31 July | 31 October | 31 January |
| Community Grant Advisory Panel consideration | May | August | November | February |
| Council decision expected | June | September | December | March |

Fully completed applications received after each quarterly closing date will be held over to the next quarter.

Completed applications will be considered by the Community Grant Advisory Panel in accordance with the Council's policy following scrutiny and checking. The Community Grant Advisory Panel will make **recommendations** to the Council.

| About your organisation | | | |
|--|--------------------------------|--|--|
| Name of organisation (the Club / Group name) | | | |
| Contact details for this application | Postal Address Email Telephone | | |
| About what you do | | | |
| What does your organisation do? | | | |

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| More about what you do | | | |
| Please describe the services/activities your organisation provides and its aims and objectives (or provide links to online documentation). | | | |
| About your membership | | | |
| Number of members in your organisation | | | |
| Number of members who are resident in Desborough | | | |
| About your constitution | | | |
| Please supply a link to your constitution or set of rules online, email a copy to the Town Clerk, or provide a paper copy. | | | |
| Is your organisation | | | |
| a registered Charity? If yes, give Charity Number | Yes / No If yes please give charity number | | |
| a national charity or national organisation? | Yes / No If yes please give details. | | |
| a branch of, or affiliated to, a national charity or organisation? | Yes / No If yes please give details. | | |
| connected with a church or religious body of any denomination? | Yes / No If yes please give details. | | |
| connected with a school or educational establishment? | Yes / No If yes please give details. | | |
| Does your organisation, or any parent organisation, have bar facilities of any kind? | Yes / No If yes please give details. | | |

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| About your finances | | | |
|---|---|----------|--|
| Does your organisation have a parent body with separately audited accounts? | Yes / No If yes, please supply a link to these online, email a copy to the Town Clerk, or provide a paper copy. | | |
| Total income for your organisation in the last financial year? | | | |
| Give your organisation's full bank details. | Account name: | | |
| If your application is | Sort Code: | | |
| successful you will need to provide a | Account number: | | |
| paying in slip for the account before any payment is made. | Location of branch: | | |
| Has the organisation | Yes / No | Amount £ | |
| received a grant from the Town Council in the last | 2021/22 | | |
| five years? If so, please give details. | 2020/21 | | |
| 9 | 2019/20 | | |
| | 2018/19 | | |
| | 2017/18 | | |
| Total amount spent in the last financial year? | £ | | |
| Current unrestricted reserves or savings? | £ | | |
| About what you would use | the grant for | | |
| For what purpose or project is the grant requested? | | | |

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| More about what you would use the grant for | | | |
| How will this activity directly benefit the residents of Desborough? | | | |
| Why is there a need for this activity? | | | |
| Has the work / service / purchase for which the grant is sought already taken place? | Yes / No If yes please give details. | | |
| About the grant requested | | | |
| Amount of grant requested? | £ | | |
| What is the total cost of the activity to be undertaken? (provide the project budget, breakdown costs into appropriate headings e.g. publicity, equipment, training) | | | |
| If the total cost of the project is more than the grant, how will the residue be financed? | | | |
| Have you applied for grant for the same project to other organisations? | Yes / No If yes, which organisations, how much, and what was the result? | | |
| Will the project proceed at all without a grant from the Council? | Yes / No | | |
| Will the project proceed if the Council awarded an amount smaller than requested? | Yes / No If yes please give details. | | |

Use this sheet to submit any other information which you feel will support this application.

Please refer to the Community Grants Policy when completing your application. Please ask the Town Clerk for further assistance or advice in completing your application. Submit your application to:

Town Clerk, Desborough Town Council, Desborough Library Building, High Street, Desborough, NN14 2QS

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To be signed by an authorised person within the Organisation e.g. Committee Members, Office holder or Trustee

I confirm that I am authorised to submit this application on behalf of the organisation.

Checklist of information:

I have read and noted the Council's Grant Application Guidelines relating to this application and agree to abide by the conditions listed if a grant is awarded by the Council.

I agree to provide a written report, including photographs, to the Council identifying how any grant awarded has been spent, within two months of completion, or within 12 months of the date of the grant.

I confirm that if the bank account details supplied are incorrect, the Town Clerk will be advised immediately. If a grant is paid into the account details provided and these are incorrect, and the Town Council is not able to reclaim the funds, there will be no obligation on the Town Council to make any further payment.

I confirm that if the project does not go ahead or any grant condition is not met my organisation will refund the entire grant on request.

| ☐ Have you answered every question? | |
|--|------|
| Do you accept all the terms and conditions in the Council's Community Grant Awarding Policy? | |
| ☐ Have you signed this form? | |
| ☐ Have you included a copy of your organisation's constitution / set of rules, or explained why not? | |
| ☐ Have you included a statement of accounts for the last financial year (e.g. receipts and payments | plus |
| the bank balance)? It is preferable, but not essential, if the accounts have been audited. | |
| Have you submitted any supporting documents? If so, please list them below: | |
| | |
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| | |

| Signature of authorised person: | |
|------------------------------------|--|
| Date: | |
| Name of person completing the form | |
| Position with the organisation | |