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**GRANT APPLICATION FORM**

Adopted by the Council on 4th October 2023

**GRANT AID APPLICATION FORM FOR LOCAL PROJECTS**

The Parish Council Grant Policy should be read before completing this application form

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|  | **SECTION 1 – ABOUT THE APPLICANT** |
| 1 | Name of the Applicant / Organisation |
| 2 | Applicants contact name, address, email and telephone\*  \*Please note that this information will be published in the public domain unless we receive express instructions to the contrary. |
| 3 | Aims & Objectives of Applicant/Organisation  Tell us a little about your organisation – what you do and why |
| 4 | What is the nature of your organisation?  i.e are you a registered Charity, Social Enterprise or Community Interest Company?  If yes, please provide registration details: |
| 5 | Does your organisation have:  A constitution Yes/No  Accounts Yes/No  Equal Opportunities Policy Yes/No  Safeguarding or Child Protection Policy Yes/No  Health and Safety Policy Yes/No  Please provide copies of these documents where available.  If these documents are not supplied, please advise why these details are missing. |
| 6 | Is your application for a reduced hire fee for any Parish Council Premises?  Yes/No  If yes, what is the date of your event and have you booked the facility with the Parish Council?  If no, please proceed with question 7 |
| 7 | Have you previously applied to Stansted Mountfitchet Parish Council for grant funding?  Yes/No  If yes, please give details of when and if the application was successful, the grant received and the purpose. Reminder that funding is restricted to one application per organisation per financial year (1st April – 31st March) |
|  | **SECTION 2 – THE PROJECT** |
| 8 | Project name:  Project aim:  Start date:  End date: |
| 9 | Please give details of the project activities and timeline |
| 10 | What particular need do you intend the project will meet? |
| 11 | How have you identified the need for this project? Please include your experience in this field and research and scoping that has been carried out with the intended target group |
| 12 | Please give a reasonably accurate figure for the number of people, within Stansted Mountfitchet, the project will serve. If possible, please provide evidence of this within the Data Protection Act |
| 13 | Please give a brief outline of:  (a) How this project benefits the relevant residents of Stansted Mountfitchet  (b) The change you wish to see as a result of your project or activity for the relevant residents of Stansted Mountfitchet  (c) How your project will be measured |
| 14 | Where will any equipment be kept and how will it be insured? |
| 15 | Address where main activities will take place |
| 16 | How will you ensure that the project will be all-inclusive? |
|  | **SECTION 3 – FUNDING REQUIREMENT** |
| 17 | What is the total cost of the project? Please attached a budget breakdown for this cost |
| 18 | Amount requested from Stansted Mountfitchet Parish Council and for what purposes (please be as specific as possible) |
| 19 | Have you applied for funding from other sources for this project?  Yes/No  If yes, please indicate how much, who from and when |
| 20 | Have you applied for funding from other sources for any other project which may relate to this funding request? If so, please give details of when, and if the application was successful, please give details of grant received |
| 21 | How will you ensure that Stansted Mountfitchet Parish Council’s support of this project is promoted? |
|  | **SECTION 4 – CONTACT DETAILS** |
| 22 | Contact details for this application  (this must be someone who has full knowledge of the application and can answer questions about it). Please note that these details will be made known in a public forum unless you specifically advise that details should be withheld  Name  Tel No  Email Address  Date of Application |
| 23 | Bank/Building Society Details  Grants will ordinarily be made by BACS payment.  Name to appear on BACS payment:  If this is not the name of the group applying, please provide an explanation for variance. |
| 24 | Declaration – Must be signed by at least 2 persons.  We confirm that the information given in this application is correct. We are authorised to make this application on behalf of:  Name of Organisation:  Signed: (1st Person)  Name:  Position in Organisation:  Signed: (2nd Person)  Name:  Position in Organisation |