### Councillors' Community Grants Fund



# Application Form 2019-2020

Please read the accompanying Guidance Notes before completing Part One of this Application Form.

Please make sure you answer all questions; incomplete forms cannot be processed. For help please see the Guidance Notes or contact Sarah Haydon for more information.

When you have completed Part One of this Application Form please return it to your Town Councillor who will complete Part Two.

Once your Town Councillor has completed Part Two, they will return the Application Form to Sarah Haydon for final approval and a recommendation will be put to Town Council. This can take up to 6 weeks to complete.

Payment will be made by cheque.

## Applications can be submitted any time between Monday 5 August 2019 and Friday 31 January 2020.

Please aim to return your form to your Town Councillor before mid-January 2020 at the latest to make sure they have time to complete Part Two. Please note that each Town Councillor can access £250 per year; they may have supported a number of projects

For more information, please call Sarah Haydon, Chief Officer Biddulph Town Council, 01782 297845 <u>biddulph@staffordshire.gov.uk</u>

#### PART ONE: To be completed by the organisation/ group applying for the grant

ABOUT YOUR PROJECT OR ACTIVITY			
Name of the organisation/ group applying for a grant:			
Please describe the project or activity:			
How many local people (volunteers) help to organise this activity?			
How much funding is requested?			
What will the funding be spent on?			
How many people will benefit from this activity?			
How will people benefit from this activity?			
When will the activity take place?			

#### ABOUT YOUR GROUP OR ORGANISATION

Contact person:				
Contact address and				
postcode:	<u> </u>			
Tel:				
E-mail:				
Does the group/				
organisation have a	YES	NO		
formal set of rules/				
statement of purpose? If yes, please enclose a				
copy with the application				
form.				
Are you a registered				
charity?	YES	NO		
If yes, please include the charity number				
Are you governed by	Number:			
membership of another	YES	NO		
organisation?				
If yes, please include the	Name:-			
name				
Payment Details	Please state who the	e payment is to be made payable to:		
DECLARATION				
• Lapply for grant aid on by	abolf of the organisation	n named above		
<ul> <li>I apply for grant aid on behalf of the organisation named above.</li> <li>I declare that I have read and understood the guidelines enclosed with this form.</li> </ul>				
<ul> <li>I declare that the information provided on this form is complete and true and accurate.</li> </ul>				
<ul> <li>I agree that if successful both I and the organisation I represent will abide by the conditions under which grants</li> </ul>				
are made, and that a grant made by the Council will be repaid if the organisation is found to be in breach of				
<ul> <li>conditions applied to the grant.</li> <li>I agree to complete an evaluation form of my project or event, and return this to the Town Council by the</li> </ul>				
stipulated deadline.				
Signad Name (print)				
Signed Name (print)				
Position Date				

#### PART TWO: to be completed by the Town Councillor(s)

COUNCILLOR(S) SUPPORT (to be completed by the Town Councillor(s))		
Name of group or organisation:		
Name of project or activity:		
Name(s) of Councillor(s) supporting this bid:		
Ward Name:		
How much would you like to contribute? If more than one Councillor would like to support this project please confirm the COMBINED TOTAL AMOUNT that you would like to award.		
Please declare any interests you have in this project or activity:		
How have you engaged with the organisation?		
All Councillors supporting this application need to sign.	Signature(s):	
Please date your signature.	DATE:	