



ANNUAL GRANT AID APPLICATION 2025–26

1. Organisation Details

Name of Organisation:

Contact Name:

Position:

Address for Correspondence:

Telephone:

Email:

Preferred Contact Method:

☐ Letter ☐ Telephone ☐ Email

2. Organisation Information

Status of Organisation (please tick):

☐ Registered Charity

☐ Voluntary Organisation

☐ Community Group

☐ CIC or Company Limited by Guarantee

☐ Tenants' Association

☐ Other – please specify: _____

Brief description of your group and its aims/priorities for the year ahead:
(please write below)

3. Ashington Impact and Membership

Do you work in partnership with any other organisations?

☐ Yes ☐ No

If yes, please give details: *(please write below)*

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Number of users or beneficiaries:

Do users/members pay a subscription?

☐ Yes ☐ No If yes, amount: £ _____

Number of paid staff:

Number of volunteers:

Estimated percentage of users living in Ashington:

If unknown, describe how your organisation benefits Ashington residents: *(please write below)*

[illegible]

4. Grant Request Details

Amount of Grant Requested: £ _____

Type of Grant (tick all that apply):

- ☐ Project Funding
- ☐ Start-up Costs
- ☐ Maintenance/Running Costs

Please describe the purpose of the grant and how it will be used:

(continue on a separate sheet if necessary) *(please write below)*

[illegible]

How will you demonstrate success and impact of this funding?

(e.g. number of beneficiaries, outcomes, feedback, community benefit) *(please write below)*

[illegible]

5. Finances and Reserves

Please attach the following:

- ✓ Constitution/governing document
- ✓ Latest independently examined or audited accounts
- ✓ Most recent bank statement(s)
- ✓ Reserve breakdown (see below)
- ✓ Required policies (see Section 6)

Breakdown of reserves and reserve policy explanation:

- Total unrestricted reserves: £_____
- Total designated/restricted reserves: £_____
- Reserve policy purpose and justification: *(please write below)*

Running Costs (average over past 2 years): £_____

Calculation of reserves as % of running costs: _____%

Why can't this project be funded from reserves?

(Include justification if reserves exceed 20%) *(please write below)*

6. Funding Profile

Please complete the following to show how the requested grant will be used and how it fits within your wider budget.

Is your application for:

- ☐ A specific project
- ☐ Ongoing running costs
- ☐ A mix of both (please explain below):

If you are applying for project funding, please complete this section:

Project Funding Breakdown	Amount (£)
Total cost of the project	
Funding already secured	
Amount requested from ATC	
Expected additional funding (if any)	

Brief project description and use of the grant:

If you are applying for running cost support, please complete this section:

Running Costs (2025–26)	Amount (£)
Total expected income	
Total expected expenditure	
Amount of unrestricted reserves	
Amount requested from ATC	

Please indicate which running costs the grant will support (e.g. premises, staff, admin, utilities, insurance):

Match Funding and Sustainability

Have you approached any other funders or undertaken any fundraising?

☐ Yes ☐ No

If yes, please give details including amounts raised, pending, or anticipated:

How do you intend to sustain this activity or cost in the future (if applicable)?

7. Required Policies Checklist

(please tick all included or indicate if support is needed)

- ☐ Health & Safety
 - ☐ Equality and Diversity
 - ☐ Safeguarding (if applicable)
 - ☐ Data Protection & GDPR
 - ☐ Risk Management
 - ☐ Complaints Procedure
-

8. Bank Details

Bank Account Name (must be in the name of the organisation):

Sort Code:

Account Number:

9. Declaration

- ☐ I confirm that all information is accurate and complete
- ☐ I agree to the monitoring and publicity conditions
- ☐ I understand decisions are based on merit and scored using the Council's assessment framework (see Guidance Appendix A)
- ☐ I agree to submit monitoring reports as required, including interim reports for awards of £2,500+
- ☐ I understand that failure to provide required evaluation will affect future funding eligibility
- ☐ I understand the Council's decision is final and based on recommendations to the Finance & General Services Committee
- ☐ I have included all required documents and evidence

Signed:

Print Name:

Position:

Date:

FOR OFFICE USE ONLY

Date Received:

Application Complete? ☐ Yes ☐ No

Notes/Conditions: