

Annual Grant Aid Application 2023-24

Name of Organisation	Contact Name	
	Position	
Address for correspondence:	Preferred contact for Grant Aid correspondence Letter () Telephone () Email ()	
Tel:	Bank Details:	
Email:		
What is the status of your organisation? (Please	tick)	
Registered Charity () Voluntary Organisa Community Group () Tenants' Association	ation() Company () on () Other, please specify	
Please give a brief description of your group/organism	ation, and your priorities for the current year:	

 ✓ Your constitution or governing document. ✓ Up-to-date financial information, including latest accounts and bank statement. ✓ A set a basic core policies: ✓ Health & Safety ✓ Equality and Diversity ✓ Safeguarding ✓ Data Protection and GDPR ✓ Risk Management ✓ Complaints Procedure 				
Does your organisation work in pale of the	artnership with a	ny other organisat	tions? Yes/No (please circle)	
ii yes, piease give details below.				
Please provide details of member	ship/users:			
Number of Members/Users?	Do members/use	rs pay a	Subscription Fee?	
	subscription fee? circle)	Yes/No (please		
	Circle)			
Number of paid employees (if any)?		Number of volunte	eers?	
What percentage of members/users RESIDE in the Ashington Town Council area?			ncil area?	
If the above is difficult to quantify, ple				
of Ashington or contributes towards	the wellbeing of th	e town and residen	its.	

Please include the following with your application:

Amount of Grant Aid requested E Grant Aid can be awarded for specific projects, 'start-up' costs or maintenance/running costs (see Grant Aid Guidelines). Please give full details of the purpose of your Grant Aid application (continue on a separate sheet if necessary):	
Guidelines). Please give full details of the purpose of your Grant Aid application (continue on a	Amount of Grant Aid requested £
	Guidelines). Please give full details of the purpose of your Grant Aid application (continue on a

Funding must be spent in the financial year for which it is allocated (unless it is for a long-term project).

Please confirm that this will be achieved or provide an explanation why this may not be the case:

PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:				
Funding currently in	hand:	Planned fundraising in 2023-24 with estimate of income:		Anticipated Income/Expenditure in 2023/24
£			£	Income
£			£	£
£			£	Expenditure
£			£	£

Grants are paid after the meeting at which they are agreed, and will, if over £5,000, be paid in in instalments. Grants can also be off-set against purchases and as a result save any VAT as the Council can reclaim VAT if we directly purchase the vatable item and the cost is within the award agreed. If you think this would be applicable, please speak to us directly.

Please attach a copy of your latest financial statement together with a copy of your most recent bank statement for each bank account your organisation maintains.

UNRESTRICTED BALANCES MAY BE TAKEN INTO ACCOUNT WHEN AGREEING AWARDS

DECLARATION

- ✓ I confirm that to the best of my knowledge and belief, all the information in this application is true and correct.
- ✓ I agree to any disclosure or exchange of information about this application which Ashington Town Council deem appropriate for the administration, evaluation, monitoring, and publicising of Grant Aid.
- ✓ I understand that acceptance of this application by Ashington Town Council does not in any way signify that the organisation is eligible to, or will receive Grant Aid, or that if successful Grant Aid will be automatically renewed each year.
- ✓ I have included the documents and policies required.
- ✓ I understand the requirement to deliver a presentation for applications over £3,000.
- ✓ I understand that awards over £5,000 will be paid in instalments, and I will be expected to provide reports throughout the year.
- ✓ I have included an up-to-date Financial Statement and copies of bank statements.
- ✓ I understand that the Council will *freeze* or *withdraw* funding or *reject* future applications if Grant Aid conditions are not met and/or there is evidence of unlawful activity, malpractice, or other behaviour that the Council deems improper.
- ✓ I agree to verify that Grant Aid has been spent for the intended purpose, in advance of the Grant Aid cycle for 2024/25 (beginning April 2024).
- ✓ I agree to inform the council of any significant changes to the membership or running of the organisation.

Signed	Print name	Date

FOR OFFICE USE ONLY

Date application received	Application successful? Yes/No	Proposed Award £
Any additional information requ	iested:	