

Name of Organisation	Contact Name		
	Position		
Address for correspondence:	Preferred contact for Grant Aid correspondence Letter () Telephone () Email ()		
Tel:	Bank Details:		
Email:			
Please tick to show you have read and understood to guidelines ()	he Data Protection Statement in the attached		
What is the status of your organisation? (Please tick) Registered Charity () Voluntary Organisation () Community Group () Tenants' Association () Other, please specify			
If applying for the first time, please give a brief description of your group/organisation:			
Please include the following with your application:			
 ✓ Your constitution or governing document, or written aims and objectives. ✓ Up-to-date financial information, including latest accounts and bank statement. ✓ A set a basic core policies or statements: ✓ Health & Safety ✓ Equality and Diversity ✓ Safeguarding 			

Please contact us if you are unsure about any of the above. We will support any group to achieve the required policies, in accordance with our work to promote Equality and Diversity in Grant Aid Allocation, and our obligations under the Public Sector Equality Duty 2022.

✓ Data Protection and GDPR



Does your organisation work in partnership with any other organisations? Yes/No (please circle) If yes, please give details below:				
Please provide details of member	rship/users:			
Number of Members/Users?	Do members/use subscription fee? circle)		Subscription Fee?	
Number of paid employees (if any)?		Number of volunt	eers?	
Please use this space to tell us how towards the wellbeing of the town a		serves the residen	its of Ashington or contributes	



Amount of	small	grant
requested	(up to	£500)

£

Small Grants can be awarded towards specific projects, 'start-up' costs or maintenance/running costs (see Small Grant Guidelines) and must be spent in the financial year awarded, for the purpose given. You can only receive one small grant in any financial year.

Please give full details of the purpose of your Small Grant application:			

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 WILL 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 Small Grants.
- ✓ 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 a Small Grant.
- ✓ I have included the documents and policies required.
- ✓ 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 certain 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.
- ✓ 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 requested:				