

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)	
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)	

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)
How will you demonstrate success and impact of this funding? (e.g. number of beneficiaries, outcomes, feedback, community benefit) (please write below)

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 should it fits within your wider budget.	ow how the reques	sted grant will be used and how
Is your application for:		
☐ A specific project☐ Ongoing running costs☐ A mix of both (please explain below)	ow):	
If you are applying for project fun	1	າplete 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 admin, utilities, insurance):	costs the grant	will support (e.g. premises, staff,
Match Funding and Sustainab	ility	
Have you approached any othe ☐ Yes ☐ No	er funders or und	dertaken any fundraising?
If yes, please give details inclu	ıding amounts ra	nised, pending, or anticipated:
How do you intend to sustain	this activity or co	ost in the future (if applicable)?
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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: