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| **ASHINGTON TOWN COUNCIL**  **Platinum Jubilee Grant Application Form** | |
| **Name of Organisation** | **Contact Name** |
| **Position** |
| **Address for correspondence:**  **Tel:**  **Email:** | **Preferred contact for Grant Aid correspondence**  **Letter ( ) Telephone ( )**  **Email ( )** |
| **Bank Details:** |
| **What is the status of your organisation?** (Please tick)  Registered Charity ( ) Voluntary Organisation ( ) Company ( )  Community Group ( ) Tenants’ Association ( ) Other, please specify | |
| **Please tell us about the event, activity or project you are planning, and what you will use the funding for:**  **(Continue on separate sheet if required)** | |
| **Please tell us who is involved, or expected to attend: (age groups/numbers)** | |
| **Please tell us when and where your event, activity or project will take place: (Ward of the Town)** | |

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| **PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:** | | | |
| **Total Cost of Project/Event/Activity?**  **£** | | **Amount of Funding Requested from Council?**  **£** | |
| Items of expenditure: | | Sources of funding in hand: | |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |

**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 funding.
* 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 funding.
* I have included the documents and policies required.
* 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 accept that Ashington Town Council is not liable for any costs, losses or damages incurred as a direct result of the event, activity or project taking place.
* I agree to inform the council of any significant changes relevant to this application.

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| Signed | Print name | Date |