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| **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 ( ) 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 * Data Protection and GDPR   **PLEASE CONTACT US IF YOU ARE UNSURE ABOUT ANY OF THE ABOVE.** | | | | |
| **Does your organisation work in partnership with any other organisations?** Yes/No (please circle)  If yes, please give details below: | | | | |
| **Please provide details of membership/users:** | | | | |
| Number of Members/Users? | Do members/users pay a subscription fee? Yes/No (please circle) | | | Subscription Fee? |
| Number of paid employees (if any)? | | | Number of volunteers? | |
| What percentage of members/users RESIDE in the Ashington Town Council area? | | | | |
| If the above is difficult to quantify, please use this space to tell us how your organisation serves the residents of Ashington or contributes towards the wellbeing of the town and residents. | | | | |

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| **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. **Please give full details of the purpose of your Small Grant application:** | | | | | | |
| **PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:** | | | | | | |
| Funding currently in hand: | | Planned fundraising in 2022/23 with estimate of income: | | | | Anticipated Income/Expenditure in 2022/23 |
|  | £ |  | | | £ | Income  £ |
|  | £ |  | | | £ |
|  | £ |  | | | £ | Expenditure  £ |
|  | £ |  | | | £ |
| **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.

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| Signed | Print name | Date |

**FOR OFFICE USE ONLY**

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