

N (0 1 1)		
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 Organis Tenants' Association () Other, please sp	ation () Community Group () ecify	
If applying for the first time, please give a brief des	scription 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 p If yes, please give details below:	artnership with a	ny other organisa	tions? Yes/No (please circle)	
Please provide details of member	ship/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 volunte	eers?	
What percentage of members/users RESIDE in the Ashington Town Council area?				
If the above is difficult to quantify, pl of Ashington or contributes towards				

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:

TELAGE COMITEETE THE REGUINED HAT ONMATION 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.

Signed	Print name	Date
--------	------------	------

FOR OFFICE USE ONLY

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