

March Town Council Grant Application Form

Name of Organisation	Contact Name
	Position
Address for correspondence:	Preferred contact for Grant correspondence Letter () Telephone () Email ()
Tel:	Bank Details:
Email:	
What is the status of your organisation? (Please	e tick)
Registered Charity ()Voluntary OrganCommunity Group ()Tenants' Associa	sation () Company () ation () Other, please specify
Please give a brief description of your group/organ	sation, and your priorities for the current year:

Please include the following	with y	our app	lication:
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- ✓ Your constitution or governing document.
- ✓ Up-to-date financial information, including latest accounts and bank statement.
- ✓ Confirm and indicate with a tick if you have any of the following core policies:
 - () Health & Safety
 - () Equality and Diversity

 - () Safeguarding() Data Protection and GDPR
 -) Risk Management
 - () Complaints Procedure

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/use subscription fee? circle)		Subscription Fee?
Number of paid employees (if any)?	•	Number of volunte	eers?
What percentage of members/users	s reside in the Marc	h Town Council are	ea?
If the above is difficult to quantify, p of March or contributes towards the			ur organisation serves the residents

	Amount of Grant requested	£
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Grants can be awarded for specific projects, 'start-up' costs or maintenance/running costs (see Grant Applicant Guidance document). Please give full details of the purpose of your Grant (continue on a separate sheet if necessary):

Funding must be spent in the quarter for which it is allocated. Please confirm that this will be achieved or provide an explanation why this may not be the case:

PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:

Funding currently in hand:	Planned fundraising this financial year with estimate of income:	Anticipated Income/Expenditure this Financial Year
£	£	Income
£	£	£
£	£	Expenditure
£	£	£

Grants are paid after the meeting at which they are agreed, and will in certain circumstances be paid in instalments.

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.

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 March Town Council deem appropriate for the administration, evaluation, monitoring, and publicising of a Grant award.
- ✓ I understand that acceptance of this application by March Town Council does not in any way signify that the organisation is eligible to, or will receive a Grant, or that if successful a Grant will not be automatically renewed each year.
- ✓ I have included the documents and policies required.
- ✓ I understand the requirement to deliver a presentation if requested.
- ✓ I understand that awards must be spent in the quarter preceding the award.
- ✓ I have included an up-to-date Financial Statement and copies of bank statements.
- ✓ I understand that March Town Council will *freeze* or *withdraw* funding or *reject* future applications if any Grant conditions are not met and/or there is evidence of unlawful activity, malpractice, or other behaviour that March Town Council deems improper.
- ✓ I agree to verify that a Grant if awarded has been spent for the intended purpose at the end of the Grant award cycle.
- ✓ I agree to inform March Town 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 £
ny additional information reque	ested:	