



Stony Stratford Town Council

APPLICATION FOR FUNDING OVER £750

Thank you for requesting a funding application form.

The Town Council supports organisations, projects and events that provide a real benefit to the parish

We welcome applications on behalf of all sections of the community.

Please read the following notes carefully. It is important to complete the application form carefully as incorrect or incomplete forms are likely to cause delays. Applications will be considered twice a year by the Council at its meetings in March and September. Retrospective applications will not be considered.

The Town Council will expect the applicant to be represented at the Council meeting at which the application will be considered to answer any questions that members of the Council might have.

The Town Council will only make one grant award to each organisation in any financial year.

Please complete the form as fully as possible. Not all questions may be appropriate to your organisation. Please ensure that appropriate financial information is provided.

NAME	
POSITION	
ORGANISATION	
ADDRESS	
POSTCODE	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	
CHARITY NUMBER (IF ANY)	
AMOUNT REQUESTED	£

1. PURPOSE OF APPLICATION.

2. DESCRIPTION OF PROJECT.

Please give a full description of your project, or the purpose you require the grant for, including information on (a) aims (b) timescales (c) people, groups or organisations you will be working with, and (d) any other information that will bring the project to life.

- b) Total needed for this project £
- Amount requested from SSTC £
- Balance outstanding £

5. HOW WILL YOU RAISE ANY OUTSTANDING BALANCE?

- a) If you have made an application to other funders for this project, please tell us who they are, how much you have requested and when you expect a response.

- b) If you have made no other applications, do you intend to do so and to whom?

- c) If you have already raised funds for this project please tell us how much you have raised and how.

- d) Please tell us about any other plans to raise funds for this project.

6. FINANCES OF YOUR GROUP.

- Total income of your organisation in the last year £
- Total amount spent in the last financial year £
- Current unrestricted reserves or savings £

7. BANK DETAILS

Bank	
Name on Account	
Branch	

8. GENERAL ACTIVITIES OF THE GROUP.

- a) Tell us about the general activities of the group, including the aims and how often you meet.

- b) Please write below what you do to ensure that, as far as possible, your activities are accessible by all sections of the community.

9. ADDRESS WHERE ACTIVITIES TAKE PLACE.

.....
.....
.....
.....

Tel:

Fax:

E-mail:

10. COMMITTEE NAMES.

Chairperson.....

Telephone.....

Treasurer.....

Telephone.....

Secretary.....

Telephone.....

11. SIZE OF GROUP.

Number of paid staff:

Full Time =

Part Time =

Numbers on committee:

Number of volunteers:

12. MONITORING PROGRESS.

Please state what you hope to have achieved:

a) Six months after receiving a grant

b) Twelve months after receiving a grant

13. PUBLICITY AND MARKETING.

a) How do you intend to publicise and market your project?

14. CONTACT PERSON.

This is the person who has full knowledge of the application and can respond to any queries from SSTC.

Name:

Position in organisation:

Address:

15.

SUPPORTING DOCUMENTS.

In order for your application to be considered, the following documents are required:

- Accounts** for the last financial year.
 If your accounts are more than six months old, please provide up-to-date income and expenditure accounts. If you operate a receipts and payments method of recording expenditure, and are in your first year of operation, please also forward copies of supporting bank statements.
- Constitution or Aims and Objectives** (unless previously submitted)
- Latest Annual Report or AGM Minutes.**
- Minutes of the last 3 Management Committee Meetings.**
- Business Plan or Development Plan** if available.
- Equal Opportunities Policy** or statement.
- Child Protection Policy** – please forward if your group works with children and young people under the age of 18.

If you are unable to supply any of these, please note the reason below.

DECLARATION: I certify that:

- I have completed this form in full and have attached the required documents**
- The information contained in this application form is correct**
- I am authorised to make an application on behalf of:**

Name of group

Signed.....

Name in capitals.....

Position in group.....

Date.....

This form MUST be countersigned by the Treasurer or a Trustee:

Signed.....

Name in capitals.....

Position in group.....

Date.....

ACCEPTANCE OF FUNDING

The award is made subject to your agreement to the standard conditions below.

To accept, please complete the agreement and send one signed copy to us with the application, and keep one for your own records.

STANDARD CONDITIONS

1. You use the award only for purposes stated in your application and not for any other purpose. If you wish to use the award, or part of it, to any other purpose, you must write to Stony Stratford Town Council first, detailing the proposed new use and seeking written permission to go ahead.
2. On approval of the grant a formal letter is sent to the applicant. Payment for grants will be made in arrears or advance at the committee's discretion.

Town Council reserves the right to recall a grant not used for the purposes or within the conditions stated.

3. You acknowledge in your publicity, the financial support received from Town Council and you send copies of such publicity to Town Council for information.
4. Within a year of receiving the grant, you will be expected to make a written report to Town Council explaining the use of the grant and costs covered by it. No other application from you will be considered until the report is received. A report in the form of an article for the Town Crier, the Council's newsletter is preferred.
5. You invite Town Council representatives to visit the project or related function.
6. The Town Council may publicise the amount of funding awarded to your project or organisation in the Town Crier or elsewhere.
7. You understand that in making an award Stony Stratford Town Council is not to be taken as assuming or accepting any responsibility or liability of any kind whatsoever towards any person or persons in respect of any matter or thing arising out of or incidental to the execution of the work you have undertaken.
8. *For applicants not yet ready to begin project:* If the award is not used within six months of the date of the offer letter, the award will automatically lapse and you will need to make a fresh application.
9. The Town Council may need to satisfy itself that the funds have been spent as applied for. We undertake to provide proof of expenditure, invoices and bank statements on request.

On behalf (name of project or organisation)

I (name) _____

(Position held in organisation) _____

Accept the above conditions in respect of the award made by Stony Stratford Town Council.

I confirm that the report will be provided to the Town Council by _____

Signed _____ Date _____



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