



Stony Stratford Town Council

Please complete clearly,
using black ink and in
BLOCK CAPITALS

APPLICATION FOR FUNDING

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.

Please also ensure that the declaration is signed by the persons making the declaration. The application will be invalidated if this is not the case.

Please confirm if you are applying for a grant of:

Up to £500

Above £500

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.

3. APPLICATION BACKGROUND.

- a) What particular need will this application meet?

- b) How have you identified the need?

- c) If users are to be involved in managing the project, briefly explain how.

- d) If users will not be involved in managing the project, briefly explain why.

- e) Please give an accurate figure for the number of people the project will serve.

- f) For how long will the project run?

4. BUDGET FOR THIS PROJECT.

- a) Give details of expenditure required for your project e.g. materials, equipment, professional fees, and production costs. Provide a separate cost for each item. For items of a significant nature, the Council may wish to see three quotations for these items. If you expect this project to generate an income please also provide details below.

EXPENDITURE	INCOME
TOTAL EXPENDITURE =	TOTAL INCOME =

- | | | |
|----|-------------------------------|---|
| 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. 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.

8. ADDRESS WHERE ACTIVITIES TAKE PLACE.

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

Tel:

Fax:

E-mail:

9. MONITORING PROGRESS.

Please state what you hope to have achieved:

- a) Six months after receiving a grant

- b) Twelve months after receiving a grant

10. PUBLICITY AND MARKETING.

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

11. 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:

Tel:

Fax:

E-mail:

12.

SUPPORTING DOCUMENTS.

In order for you 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.....

FORMS MUST BE SUBMITTED AT LEAST 7 WORKING DAYS BEFORE A FULL COUNCIL OR F&GP MEETING TO BE CONSIDERED. FOR A FULL LIST OF MEETING DATES, PLEASE VISIT THE WEBSITE OR CONTACT THE CLERK

ACCEPTANCE OF FUNDING

On behalf (name of project or organisation)

I (name) _____

(Position held in organisation) _____

Accept the conditions stipulated in the Stony Stratford Town Council Grant Scheme 2016/17 document 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 _____



STONY STRATFORD TOWN COUNCIL THE LIBRARY, 5-7 CHURCH STREET, STONY STRATFORD MK11 1BD
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