



Please complete clearly,  
using black ink and in  
**BLOCK CAPITALS** and  
**SIGN** before submitting

## 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

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

**1. PURPOSE OF APPLICATION.**

**If you are an established Stony Stratford Group, running a \*recognised Annual event, please go straight to Question 4. \*If unsure, please check with the Town Clerk**

**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.

**If you are an established Stony Stratford Group, running a \*recognised Annual event, please go straight to Question 12. \*If unsure, please check with the Town Clerk**

**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 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.

**If you are an established Stony Stratford Group, running a \*recognised Annual event, please go straight to the declaration at the end of the document. \*If unsure, please check with the Town Clerk**

- 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.
- Signatures** – Please ensure the form is signed by the grant applicant and countersigned by the treasurer. Signed forms which have been scanned in and sent via email will be accepted.

**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 SIGNED AND SUBMITTED AT LEAST SEVEN WORKING DAYS BEFORE A FULL COUNCIL OR FINANCE 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 2018/19 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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**WWW.STONYSTRATFORD.GOV.UK**