



## GUARANTEED GRANT APPLICATION FORM

This application form may be used for Guaranteed Grant applications for the four-year period 2016–17 until 2019-20.

Please refer to the Guaranteed Grant Procedures and Guidance Notes documents when completing this form.

<b>SECTION 1: ORGANISATION AND APPLICANT DETAILS</b>		
1.	Name of Organisation	
2.	Name and address of contact for this application.	
3.	Telephone number/s of contact for this application.	
4.	Email address of contact for this application.	
5.	Status of organisation (if registered charity, please include number)	
6.	How long has the organisation been established?	
7.	Brief description of purpose of group.	
8.	Are you part of/affiliated to a larger organisation?	
9.	How many members do you have?	
10.	Is there an annual subscription/membership fee?	
11.	Please provide contact details for another senior	

	member of your organisation (e.g. a committee member)	
12.	Please provide contact details for an independent referee (someone who knows about the group and project but is independent).	
<b><i>If your organisation has a Constitution or set of agreed rules, please enclose a copy with this application form.</i></b>		

### **SECTION 2: FUNDING**

13.	Annual Funding requested	
14.	What other sources of funding/income contribute to the organisation/project? (please specify details)	
15.	Does the organisation have its own bank account with a minimum of two signatories?	
16.	Please confirm account name for the cheque, should the application be successful (or account details for bank transfer)	
<p><b><i>Please include with your application:</i></b></p> <p><b><i>a) Accounts for the last two years (draft is fine if not yet audited)</i></b></p> <p><b><i>b) Bank account details</i></b></p>		

### **SECTION 3: PROJECT DETAILS**

17.	<p>Please briefly describe the project/activity, including:</p> <ul style="list-style-type: none"> <li>- Where it will take place</li> </ul>	
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	<ul style="list-style-type: none"> <li>- How the community of Leighton-Linslade will benefit</li> <li>- How the project/activity supports the community</li> <li>- How have you identified the need for this project?</li> <li>- How will you assess the success of the project?</li> <li>- How do you anticipate the grant funding would be used?</li> </ul> <p>(if necessary please supply further details on a separate single sheet of paper)</p>	
18.	How many people in Leighton-Linslade do you expect to benefit directly from the project/activity?	

**SECTION 4: CHECKLIST**

**Please enclose the following with your application:**

19.	Two years of accounts	
20.	Organisation's Constitution or set of rules	
21.	Any other relevant supporting information regarding the project	

**SECTION 5: SIGNATURE AND DECLARATION**

**Please initial next to points 22-29 and sign below to acknowledge the terms and conditions of submitting this grant application.**

**No application will be considered unless this section is completed in full and signed by the contact person named in Question 2.**

22.	I declare that the information given is correct to the best of my knowledge and that any funds received will be used solely for the purpose detailed on this form.	
23.	I understand that the documentation supplied will not be returned and may be made available for public scrutiny.	
24.	I agree that the grant will be returned if the specified project/activity does not proceed as planned.	
25.	I agree that, if successful, details of the project/activity may be published by the Council.	
26.	I agree to supply a report back to the Council within twelve months regarding expenditure of any grant funding (for each of the four years of grant funding).	
27.	I confirm that I have authorisation to apply for a grant on behalf of the organisation.	
28.	I understand that the information provided on and with this application form will be used by the Council to judge whether or not to award a grant and that this decision may be made at a meeting which is open to the public.	
29.	I confirm that I have read and understood the Guaranteed Grant guidance notes issued by the Town Council.	

Name of Contact: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_