



# NORTH WALSHAM TOWN COUNCIL

## Application for Grant

Adopted by the Council at its meeting held on 28.6.16

### GRANTS awarded up to £750 ONLY

*Decisions will be made at a meeting 3 times a year*

*Application forms will need to be received by 31 January, 31 May or 30 September*

Name of Organisation: \_\_\_\_\_

Event (if applicable): \_\_\_\_\_ Event Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Amount applying for: \_\_\_\_\_ Cheque made payable to: \_\_\_\_\_

Are you a limited company Yes ☐ No ☐ If No, what's the organisation status? \_\_\_\_\_

Is the organisation a registered charity? Yes ☐ No ☐ Charity No: \_\_\_\_\_

Please describe the aims of your organisation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who are likely to be the main beneficiaries of your organisation's/project's activities? (e.g. pre-school, young adults, retired people) \_\_\_\_\_

How many people are likely to benefit? \_\_\_\_\_

Of these, approximately what percentage live in North Walsham? \_\_\_\_\_ %

Does the work of this organisation/project link in with existing work being done in North Walsham?

Yes ☐ No ☐ If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Please tell us what the finance will be spent on: \_\_\_\_\_

\_\_\_\_\_

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What is the total cost of your project or the annual running costs of your organisation?\_\_\_\_\_

Please list other bodies who have agreed to fund your organisation / project or to whom you have applied for funding. **(Include “own funds” how much you are putting towards it)**

Name of funding body	Amount £
_____	_____
_____	_____
_____	_____
_____	_____

Have any “in kind” contributions been made to your organisation/project in the past 12 months? (Such contributions might include voluntary time, use of premises, vehicles etc.)

\_\_\_\_\_

\_\_\_\_\_

Please state any restrictions on people who might benefit from or participate in the activities of your organisation/project? (Such restrictions might be over 60s, under fives etc.)

\_\_\_\_\_

\_\_\_\_\_

We ask for a representative to be present at the decision meeting to give any additional information required by Councillors

**If the grant application is successful, the grant will be paid on production of invoices** (for payment or re-imburement)

Please enclose:-      **A copy of the organisation’s constitution and details of officers**  
                                 **A copy of the most recent audited accounts**  
                                 **Details of insurance cover**  
                                 **Latest Business Plan** (if applicable)  
                                 **Equality policy** (if applicable)

The NWTC <b>General Privacy Statement</b> explains how we use your personal data, store it securely and how you can exercise your rights. All data will be destroyed in line with our <b>Retention &amp; Disposal Policy</b>
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I confirm that I have read and accept North Walsham Town Council’s <b>General Privacy Statement</b> (available on our website or hardcopy on request)
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Signed:_____	Date:_____
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