



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: _____

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-imbursement)

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 **General Privacy Statement** 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 **Retention & Disposal Policy**

I confirm that I have read and accept North Walsham Town Council’s **General Privacy Statement** (available on our website or hardcopy on request)

Signed: _____ Date: _____

Please return form to – Office 4, Cedar House, 3 New Road, North Walsham, NR289DE or email to - info@northwalsham-tc.gov.uk