



Folkestone Town Council



APPLICATION FOR COMMUNITY RESILIENCE FUND GRANT AID

*A copy of the guidance notes for completing this form is attached. You are advised to read this when completing the form. Please use **BLOCK CAPITAL LETTERS***

PART 1 – YOUR ORGANISATION

NAME OF ORGANISATION

NAME OF CONTACT

ADDRESS OF CONTACT

	POSTCODE
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TELEPHONE NO:

DAY

EVENING

EMAIL ADDRESS

PLEASE OUTLINE BRIEFLY THE USUAL ACTIVITIES OF THE ORGANISATION

PLEASE GIVE NUMBERS IN YOUR ORGANISATION WHO ARE

A) PAID	
B) VOLUNTEERS	

HOW MANY MEMBERS/BENEFICIARIES LIVE WITHIN FOLKESTONE
[See Guidance Notes]

PART 2 – GRANT REQUEST

AMOUNT OF GRANT APPLIED FOR (Max Limit £500)

£

PLEASE DESCRIBE YOUR PROJECT AND EXPLAIN FOR WHAT AND WHEN YOU WILL BE USING THE GRANT

PART 3 – GEOGRAPHICAL AREA RELATING TO FUNDS REQUESTED

FOR THE PURPOSES OF THIS GRANT FUND, PLEASE CONFIRM THAT YOUR PROJECT WILL SUPPORT RESIDENTS WITHIN THE PARISH OF FOLKESTONE TOWN COUNCIL

YES/NO

PART 4 – TO BE COMPLETED BY ALL APPLICANTS

HAS YOUR ORGANISATION APPLIED ELSEWHERE FOR A GRANT FOR THIS PROJECT?

YES/NO

IF YES, PLEASE GIVE BRIEF DETAILS

YOU ARE INVITED TO GIVE ANY ADDITIONAL INFORMATION WHICH MIGHT ASSIST THE COUNCIL IN CONSIDERING THE APPLICATION

PLEASE STATE BALANCES IN HAND AT
END OF LAST FINANCIAL YEAR

HOW MANY MONTHS OPERATING COSTS
DOES THIS REPRESENT?

PLEASE GIVE DETAILS OF ANY PREVIOUS GRANT AWARDS MADE BY FOLKESTONE TOWN COUNCIL IN 2019/2020.

PLEASE ENSURE ALL RELEVANT DOCUMENTATION IS ENCLOSED WITH THIS APPLICATION CHECKLIST:

- All relevant parts of the form completed
- Form signed
- Audited accounts or signed financial statements for the last two years, if available
- Annual Report if available (or Project or Business Plan for a new organisation)

DO YOU HAVE A WRITTEN CONSTITUTION?
(The council reserves the right to ask for a copy)

YES/NO

DATA PROTECTION STATEMENT

**Your details will be kept securely by Folkestone Town Council under the terms of the
Data Protection Act and Freedom of Information Act 2000**

FTC must protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. In order to achieve this, information may be shared with other bodies responsible for auditing or administering

public funds including the Audit Commission, the Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. We might use personal information provided by you in order to conduct appropriate identity checks. If you provide false or inaccurate information in your application or at any point in the life of any funding we award you and fraud is identified, we will actively seek recovery of the awarded grant funding, and will provide details to fraud prevention agencies, to prevent fraud and money laundering.

The information provided on this application will be held on a database and used to provide information to officers and members of the Town Council.

Organisations are asked to agree to allow its details to be used in the Town Council's website, publications and other materials. Do you agree for your organisation's details to be included? (Please note that personal and financial details will not be published.)

Please select as applicable

Yes No

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS CORRECT. I AGREE THAT IF A GRANT IS AWARDED, I WILL SUBMIT A BRIEF REPORT CONFIRMING HOW THE MONEY HAS BEEN SPENT AND EXPLAINING WHAT DIFFERENCE THE GRANT MADE.

I UNDERSTAND THAT I CONFORM TO THE GUIDELINES SET OUT IN THE GUIDANCE NOTES **AND HAVE READ AND SUBMITTED MY APPLICATION IN ACCORDANCE WITH PART 2 OF THE GUIDANCE NOTES.**

SIGNATURE

DATE

NAME AND POSITION IN ORGANISATION:
IN CAPITALS PLEASE

Any award will be paid by BACS.
Please enter you bank details below:

Name of applicant:

Name of account holder:

Signature: (or print name if returning by email)

Date:

Sort Code:

Account number:

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All application forms must be signed and submitted by email to:
jennifer.childs@folkestone-tc.gov.uk

Your application will be dealt with as swiftly as possible.