Folkestone Town Council

*Town Grant Application Form*

*(Applications for less than £1,000)*

**A: APPLICATION SUMMARY**

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| --- | --- |
| **Organisation Name:** |  |
| **Title of Project:** |  |

|  |  |
| --- | --- |
| Contact name *(Inc. title)* |  |
| Position in organisation / group: |  |
| Correspondence Address: |  |
| Postcode: |  |
| Email address: |  |
| Daytime telephone number: |  |

|  |  |
| --- | --- |
| Reason for application – brief project/event description: |  |

|  |  |
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| How much is requested from Folkestone Town Council? | £ |
| Total cost of Project: | £ |

**Declaration:** I hereby declare that all information provided is true and accurate to the best of my knowledge. I agree to complete and return any forms relating to this application which are sent to me in the future:

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| **Name:** | **Position in the organisation:** |
| **Signature:** (or print name if returning by email) | **Date:** |

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| **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 |

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| --- | --- | --- | --- | --- | --- | --- |
| What type of organisation / group are you? | | | | | | |
| Please select the options below that best describe your organisation / group: | | | | | | |
| Registered Charity |  | Community/Voluntary organisation | |  | Sports organisation |  |
| Church / Faith group |  | Not for Profit Company | |  | Parish / Town / District council |  |
| KCC Service |  | School/College/ Pre-school | |  | Youth organisation |  |
| Other, please specify: | | |  | | | |

**B: THE PROJECT/EVENT**

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| Title of Project: |  |
| Description of project/event: | |
|  | |
| What are the aims of your project/event? | |
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| Date of proposed event: |  | What is the proposed duration of the project event ? |  |

**C: FINANCIAL DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Estimated total cost: | | £ | | | | | | | | | | | | | |
| Please detail the components of your project/event i.e. your budget or costings (submit on a separate sheet if necessary): | | | | | | | | | | | | | | | |
| *Expenditure* | | | | | | | | | | | | £ | | | |
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| *Total* | | | | | | | | | | | |  | | | |
| Proposals for funding the project/event | | | | | | £ | | | | | | Confirmed | | | |
| Contribution from Folkestone Town Council | | | | | |  | | | | | |  | | | |
| Contribution from Folkestone Town Councillors ward grants | | | | | |  | | | | | |  | | | |
| Contribution from F&H District Council (inc cllr ward grants) | | | | | |  | | | | | |  | | | |
| Contribution from Kent County Council (inc cllr ward grants) | | | | | |  | | | | | |  | | | |
| Contribution from National Lottery | | | | | |  | | | | | |  | | | |
| Contribution from other organisations (please specify) | | | | | |  | | | | | |  | | | |
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| Contribution from fund raising events | | | | | |  | | | | | |  | | | |
| Contribution from own resources | | | | | |  | | | | | |  | | | |
| **TOTAL FUNDING (to agree to total cost identified in estimated total cost)** | | | | | | £ | | | | | | | | | |
| Is your organisation registered for VAT? | | | | | Yes | |  | | | No | | | |  |
| Does the estimated cost of the project include payments in kind? E.g free labour, materials etc. If yes, please provide details below i.e. number of hours x hourly rates. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| In the past three years has your organisation/group received previous grants, Town or Ward, from Folkestone Town Council. **If yes, please complete the form below** | | | | Yes | | | |  | | | No | |  | |
| Project Name | Type (Ward or Town) | | Amount £ | | | | | | Date Received | | | | | |
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**D: SUPPORTING STATEMENT**

***(All applicants to complete – please continue on a separate sheet if necessary)***

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| Why do you think the Town Council should support this application? Please note that you are required to demonstrate a benefit to some or all of the town’s residents. |
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**G: ADDITIONAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| Have you enclosed a copy of conveyance/letting agreement/lease? | Yes |  | No |  | N/A |  |
| Have you enclosed a copy of written permission from the owner of any premises involved? | Yes |  | No |  | N/A |  |
| Have you enclosed copies of cover notes/summaries for all relevant insurances? | Yes |  | No |  | N/A |  |
| Have you enclosed evidence of any other secured funding or application for any other funding? | Yes |  | No |  | N/A |  |
| Please confirm that statutory obligations under the Human Rights Act have been considered. https://www.gov.uk/government/collections/human-rights-the-uks-international-human-rights-obligations | | | | | Yes |  |
| Please confirm that statutory obligations under the Disability Discrimination Act have been considered https://www.gov.uk/rights-disabled-person | | | | | Yes |  |
| Please confirm that you have considered all health and safety issues for this project/event and carried out risk assessments for all relevant areas. | | | Yes |  | N/A |  |
| Please confirm that you have considered the environmental effects of this project (e.g. carbon emissions, waste, etc.) and give brief details. https://www.gov.uk/guidance/assessing-environmental-impact-guidance | | | Yes |  | N/A |  |
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| The Town Council has an obligation under s17 of the Crime and Disorder Act to consider the  impact of all its functions, activities and decisions on crime and disorder in its area. What  implications will your project have for this requirement and how in particular will it assist the  Town Council to meet its obligation? |
|  |
| Grants are normally given conditionally on the organisation’s public acknowledgement of the Town Council’s assistance. How do you intend to do this? (Please note that you may be required to provide copies of relevant publicity materials.) |
|  |

Please note that the Town Council will take account of Best Value, its obligation to promote racial equality, its statutory powers and accounting requirements in reaching its decision. The following information (where applicable) is therefore required from all applicants for financial assistance *(before the application can be placed before Full Council).* Information may be provided on a separate sheet if necessary.

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| --- | --- |
| Do you have a bank account, which requires two unrelated people to authorise cheques and make withdrawals (including debit card or internet purchases and cash withdrawals)? This must be a business bank account not a personal one. | Yes  No |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of applicant:** | | | | | | **Name of account holder:** | | | | | | | |
| **Signature:** (or print name if returning by email) | | | | | | **Date:** | | | | | | | |
| **Sort Code:** | | | | | | **Account number:** | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please return your completed form to:**

**Liz Timmins, Communities & Grants Officer**

**Email: liz.timmins@folkestone-tc.gov.uk**

**Tel: (01303) 257946**