NORTH NIBLEY PARISH COUNCIL

**APPLICATION FOR GRANT FUNDING 2019**

Applicants are requested to complete all sections of this grant application form. The completed form should be submitted to the Clerk to the Parish Council, **no later than the end of February 2019.** The Council will decide on Grants to be awarded at their March Council Meeting and the Clerk will contact successful applicants after the meeting.

**1/Details of applicant**

**Name**: ...............................................................................................................................

**Office held:** ......................................................................................................................

**Organisation:** ...................................................................................................................

**Address**: ..........................................................................................................................

**Phone:** .................................... **E mail.**...........................................................................

**2/Description of organisation**

a/ How would you describe your organisation? (*Tick as appropriate)*

|  |  |
| --- | --- |
| A registered charity |  |
| Company limited by Guarantee |  |
| Unincorporated club or association |  |
| Community Interest Company |  |
| Other *(please explain)* |  |
|  |  |

b) Are you part of a larger regional or national organisation? ........................................

c) Describe briefly the aims and main activities of your organisation: *(max 200 words)*

……………………………………………………………………………………………………

……………………………………………………………………………………………………

…………………………………………………………………………………………………...

d) Does your organisation welcome those from ethnic and minority groups? Yes/No *(please circle)*

e) Number of members in the organisation………………………………………………….

**3/The proposed project**

1. Describe the proposed project that you are asking the Parish Council to support.

***[The Parish Council usually only funds capital project items and not salaries and other such expenses***]…………………………….................................................................

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

b)Who will benefit from this project? ................................................................................

c) Will there be benefits for the wider community? (*Please describe)……………………………*

……………………………………………………………………………………………………

d) Is your request to continue existing work, or for a new project? .................................

……………………………………………………………………………………………………

e) Which of the following group(s) will the grant benefit? *(Please indicate one or more groups)*

|  |  |
| --- | --- |
| Those aged 11 and under |  |
| Those between 12 and 19 |  |
| Those between 20 and 64 |  |
| Those aged 65 and over |  |
| Those with a mental disability (all ages) |  |
| Those with a physical disability (all ages) |  |

**4/ Funding request**

a) How much funding are you applying for? ......................................................................

b) What is the total cost of your project overall? ...............................................................

c) Are you applying for, or have you received, additional funding from any other source for this project? *If yes, from whom and for how much? ..............................................*

d) How much (percentage or proportion) if any, is your own organisation putting towards your project? ......................................................................................................................

e) Has your organisation received a grant from the Parish Council in the last 4 years*? If so when and for how much?* .......................................................................................

**5/ Project Management**

1. Please give start and finish dates of the project? If none, what period would a grant cover? ......................................................................................................................................
2. If assets are to be purchased with project funds who will own them? ..........................

…………………………………………………………………………………………………..

**6/ Outcomes**

1. With reference to the grant application criteria, what measurable outcomes do you expect your project will achieve? The Parish Council may ask to see this evidence……………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

**To whom should the cheque be payable and where should it be sent?**

Payable to: ...............................................................................................................

Address to send to: .................................................................................................

**Applicant’s Declaration**

* **As the applicant I confirm that to the best of my knowledge the information supplied in this application is correct.** Yes/No *(please circle)*
* **I undertake to advise North Nibley Parish Council of any material changes of circumstance relating to this application.** Yes/No *(please circle)*
* **I agree to notify the Parish Council when the grant has been spent and provide the Council with a receipt for their accounts.** Yes/No *(please circle)*
* **I enclose a copy of our organisation’s last year’s accounts.** Yes/No *(please circle)*
* **I enclose a copy of the latest bank statement for the organisation’s accounts covering the last 3 months for each account.** Yes/No (*please circle)*

Signed by or on behalf of applicant……………………………………………………………........

Date……………………

Please send this completed form to:

**Elizabeth Oakley**

**Clerk to North Nibley Parish Council**

**6 Rosebery Mount**

**Dursley**

**Glos. GL11 4PR**

**clerk@northnibleyparishcouncil.org.uk**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***This space for use by North Nibley Parish Council:***

*Date application received..............................................*

*Qualifying purpose? .....................................*

*Considered by Council (date)...........................................*

*Council decision...............................*

*Minute no................... Date.......................*

*Decision conveyed to applicant.........................*

*Cheque issued (no.).........................*