NORTH NIBLEY PARISH COUNCIL

**APPLICATION FOR GRANT FUNDING 2018**

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 January 2018.** 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)*

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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***]…………………………….................................................................

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

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

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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? ..........................

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**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……………………………………………………………………………………..

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**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**

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***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.).........................*