**Annual Grant Fund Application Form 2024**

# Contact details

Name of the organisation

|  |
| --- |
|  |

Address of the organisation

|  |  |
| --- | --- |
|  | |
|  | Postcode |

**Main contact for this application**

Title First name Surname

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Position held in the organisation

|  |
| --- |
|  |

Daytime phone number Email address

|  |  |  |
| --- | --- | --- |
|  |  |  |

# Organisation details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is your organisation a registered charity? | Yes | | ☐ |  | No | ☐ |
|  |  | |  |  |  |  |
| If yes, what is the registered charity number? | |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If no, does your organisation have a set of rules/constitution? | Yes | ☐ |  | No | ☐ |

|  |  |
| --- | --- |
| When did your organisation start? | / / |

What are the main activities of your organisation?

# Your application

Please tell us what you need funding for, who will benefit and how they will benefit.

How many Westfield residents are likely to benefit from your project.

Where exactly will your project take place?

Please tell us how this application fits the Grants criteria (refer to the [Grant Awarding Policy and Criteria](https://westfieldparishcouncil.sharepoint.com/sites/SharedDocuments/Shared%20Documents/FINANCE/Grants/2022-23/Grant%20Awarding%20Policy%20and%20Criteria%202022.docx)) *please feel free to include as much information as necessary*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| When will the project start ? | mm / yy |  | And finish? | mm / yy |

|  |  |
| --- | --- |
| How much are you applying for in total? | £ |

Please give a breakdown of the **total cost** of the project / piece of work / equipment **as well as** and compared to the **costs requested from Westfield Parish Council**. In the details column please give details of the specific costs e.g. under capital items list, items such as computers, office furniture etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of cost** | **Total Cost** | **Amount requested from Westfield Parish Council** | **Details** |
| Staff costs |  |  |  |
| Volunteer expenses |  |  |  |
| Operation/activity costs |  |  |  |
| Office / overheads / premises |  |  |  |
| Capital items |  |  |  |
| Publicity |  |  |  |
| other |  |  |  |
| Total | £ | £ |  |

If the total cost is bigger than the grant requested how will you meet the shortfall? If necessary, please give details of any other applications you have made and whether any other funding has been approved:

# Financial information

Please give details of your organisation’s bank account:

|  |  |
| --- | --- |
| Name the account is in: |  |
| Account number: |  |
| Sort Code: |  |

If you do not have a bank account, please give details of an organisation that will receive a grant on your behalf:

|  |  |
| --- | --- |
| Name of organisation: |  |
| Name the account is in: |  |
| Account number: |  |
| Sort Code: |  |

|  |  |
| --- | --- |
| How many signatures do you need to authorise a payment on your bank account? (There must be at least two) |  |

# Declaration

Please sign and check that you have included all relevant information.

By submitting this application you are confirming the following:

* That the information in this application is correct
* The details of this application have been bought to the attention of your Management Committee
* That you have the consent of your Management Committee to submit this application

|  |  |  |
| --- | --- | --- |
| Your signature: | Print name: | Date: |
|  |  |  |

The following should be completed by the Chair of your Management Committee (or another Management Committee member if the Chair has completed this form)

|  |  |  |
| --- | --- | --- |
| Signature: | Print name: | Date: |
|  |  |  |

# Data protection

We will use the personal data provided on the application form to process your application and to monitor the project. Please refer to the Privacy Notice on our website for more information: [www.westfieldparishcouncil.co.uk/council/policies/privacy-notice](https://www.westfieldparishcouncil.co.uk/council/policies/privacy-notice/)

Your privacy is important to us and we would like to communicate with you about future grant funding opportunities offered by the Parish Council. To do so we need your consent. Please check the boxes below to confirm that you would like to be informed of future grant funding opportunities offered by Westfield Parish Council:

☐ Yes please, I would like to receive info on future grant opportunities by email

In limited circumstances, we may be required to release information, including personal data and commercial information, on request under the Freedom of Information Act 2000. If you feel that any information about your application or project should not be made publicly available, please contact us to discuss this.

# Checklist

**We cannot process your application unless you have:**

☐ Read and understood the Grant Awarding policy and criteria 2024

☐ Answered every question

☐ Signed the form (two signatures)

☐ Enclosed your most recent accounts or financial information

☐ Enclosed a copy of your Safeguarding Policy (if appropriate)

**If you have already sent us your Safeguarding Policy with a previous application there is no need to resend unless it has been amended.**

**Please return to**

**The Parish Clerk, Westfield Parish Council, The Oval Office,**

**Cobblers Way, Westfield BA3 3BX**

**or e-mail to** [**council@westfieldparishcouncil.co.uk**](mailto:council@westfieldparishcouncil.co.uk)

**Closing date: Monday 7th October 2024**