



[OFFICER]

FARNHAM TOWN COUNCIL

COMMUNITY GRANT FUNDING APPLICATION FORM

Please note: Farnham Town Council will only grant a maximum of **£2,000** if all criteria are met

Please refer to the Grants Criteria when completing this application.

The closing date for applications is 12 noon, 11th February 2011

All sections of this form must be completed. Failure to complete the form will result in rejection of the application.

Applicants are advised that this form and the information contained in it will be included as part of the Town Council's public records.

Part 1 – Organisation Details

Name of applicant
Organisation:

Project Name:

Project Location:

Project Start Date:

Project Completion
Date:

Total Cost of
Project:

£

Funding Requested:

£

Criteria Met? (for office use only)

Contact Name:	<input type="text"/>	<input type="text"/>
Position in organisation:	<input type="text"/>	<input type="text"/>
Organisation's Constitution attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, an explanation please <input type="text"/>
Registered Charity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration No? <input type="text"/>
If No, state type of organisation:	<input type="text"/>	
VAT Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Registration Number	<input type="text"/>	<input type="text"/>
Organisation Address:	<input type="text"/>	<input type="text"/>
	Postcode: <input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
Telephone Number:	<input type="text"/>	<input type="text"/>
Organisation's bank account address, number and sort code.	<input type="text"/>	<input type="text"/>
If your application is successful, to whom would you like the Bacs Payment payable?	<input type="text"/>	<input type="text"/>

Please provide the following information:

Please tick

- A location plan or site plan, if applicable
- Copy of organisation's latest certified accounts
- Copy of constitution or set of rules
- Evidence of any permissions or consents relating to this application

PART 2 – BUDGET DETAILS

Costs

Please provide a breakdown of the costs of the project (please continue on a separate sheet if necessary)

Item	Cost £	VAT £	TOTAL £
TOTAL PROJECT COSTS	£	£	£

Total amount of grant requested	£	Percentage of total cost	%
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Please provide a breakdown of your accounts at (Date).....

Income	
Income from Grants, Donations (excluding Farnham Town Council)	£
Income (other)	£
TOTAL INCOME	£
Operational costs	£
Net Surplus/Deficit	£
Reserves	
Cash/Bank/debtors	£
Creditors (monies owing)	£
Earmarked Reserves	£
Available Reserves	£
Please give an explanation for your organisation's earmarked reserves:	

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Have you applied to Farnham Town Council for grant aid before?

If yes when?	Year:	Year:	Year:	Year:	Year:
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If you have applied for grant aid from Farnham Town Council for the same project each year, please provide a plan to demonstrate how you will be less dependent in the future.

Tell us about any other funding that you might receive for this project.

Have you applied for funding in respect of this project to any other organisation (including Local Authorities)?
Please give details of to whom and for how much. *(please continue on a separate sheet if necessary)*

	Amount applied for	Outcome of application or state when outcome will be known
Surrey County Council	£	
Waverley Borough Council	£	
Town or Parish Council	£	
(Please state which Town or Parish Council)		
National Lottery	£	
(Please state which fund)		
Other (please provide details)		
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

If Farnham Town Council does not award your organisation grant aid on this occasion, what impact will this have?

[MEMBER]

PART 3 – CONSIDERATIONS FOR AWARD GRANTED

Tell us about your project and your reasons for applying to Farnham Town Council for Grant Aid.

	Score 0-3 (for office use only)
Project Aims – one/two sentences stating overall aim:	

Would you be prepared, if required, to provide indicators on how effective the grant is in achieving its aims during the grant year? <i>(please tick)</i>	Yes	No
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Project Description: provide a clear description of the project	
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Please provide any additional information that may assist the Council in reaching its decision.

Tell us how your project will benefit the Community of Farnham & achieve the aims of the Council's grant making policy and the general conditions *as per Section 2 of Grants Policy & Guidelines.*

	Score 0-3 (for office use only)

Who will benefit?	

Approximately **how many** local residents will benefit?

How many **members** are there in your organisation?

What percentage lives in Farnham?

If your organisation assists **other people**, what percentage lives in Farnham?

How do you know there is a need for this project?	

Please state what consultation there has been.	

How many 'partners' are you working with for this project?

List the project partners and their roles:

Partner	Role

How will you implement your project?

Which organisation will be responsible for implementing the project?

* Who owns the land/property

* Has permission been obtained from the land owner?

Yes No
if No, when will it be obtained?

* Are there any current contracts/leases of the land/property? State how they will be affected by the project

* What other consents/permissions are required? State when these will be obtained

* if applicable

DECLARATION

This grant aid application should be signed by **two** members of your Organisation's Committee, one of whom must be the Chairman, Honorary Secretary or Honorary Treasurer.

We hereby certify that the information supplied in this application is correct and we confirm that any grant awarded by the Council will be spent only on the purpose for which it was given.

Signed:	Date:
Position in organisation:	
Signed:	Date:
Position in organisation:	

Please return the form to:
Farnham Town Council, Town Council Office, South Street, Farnham Surrey. GU9 7RN
Telephone No: 01252 712667

OR

Electronic copies to: info@farnham.gov.uk