



FARNHAM TOWN COUNCIL

COMMUNITY GRANT FUNDING APPLICATION FORM

Notes to Grant Applicants:

The closing date for applications is 12 noon, 3 December

Please refer to the Grants Policy Guidelines when completing this application.

All sections of this form must be completed, incomplete forms may result in rejection of the application.

Application is for a grant of up to £2,000.

PART I – ORGANISATIONAL DETAILS

Name of Organisation:	<input type="text"/>
Project Name:	<input type="text"/>
Project Location:	<input type="text"/>
Project Start Date:	<input type="text"/>
Project Completion Date:	<input type="text"/>
Total Cost of Project:	<input type="text" value="£"/>
Funding Requested:	<input type="text" value="£"/>

Contact Name:

Position held in Organisation:

Registered Charity Yes No | Registration No.

If No, state type of organisation:

Organisation address:

Email address:

Telephone:

Bank account name, address, number & sort code:

Please provide the following information as applicable:

Please tick

- A location plan or site plan, if applicable
- Copy of organisation's latest certified accounts
- Copy of constitution or set of rules if not submitted previously or changed since you last applied for a grant from Farnham Town Council
- 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	£	£	£

Grant requested	£	Percentage of total cost	%
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YOUR ACCOUNTS:

Please provide a breakdown of your latest set of accounts as at (Insert 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 organisations earmarked reserves:		

PREVIOUS FARNHAM TOWN COUNCIL FUNDING:

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

Please provide information for the last 3 years:

If yes when?	Year: £	Year: £	Year: £
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OTHER FUNDING SOURCES:

Please 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? Please give details of source and amounts applied for. *(Please continue on a separate sheet if necessary)*

Organisation	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 any grant funding on this occasion, how will you operate in the future?

PART 3 – YOUR PROJECT**PROJECT INFORMATION:**

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

Project Aims and Timescale:
Project Description – what will you do with this grant and how will the grant be spent?
How does it benefit Farnham’s community and achieve the aims of the Council? (refer to section 2 of Grants Policy and Guidelines)
Please specify who will benefit, and how you will measure the projects effectiveness:

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:

OTHER PARTNERS OF YOUR PROJECT:

Partner/s	Role

PROJECT IMPLEMENTATION:

Which organisation will be responsible for implementing the project?

* Who owns the land/property (if applicable).

* Has permission been obtained from the land owner ? (if applicable) .

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 (if applicable).

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

** if applicable*

If your organisation is successful with the initial application process you may be invited to make a presentation to the Farnham Town Council's Strategy and Finance Working Group.

DECLARATION

This grant 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
OR
Electronic copies to: grants@farnham.gov.uk

Farnham Town Council is committed to protecting your privacy and will treat your personal data in line with the General Data Protection Regulation (GDPR) and subsequent, revised UK data protection law.

In order to process your grant application, Farnham Town Council may receive from you data which may be defined as personal data as well as organisational data (eg your home address if you supply it).

We will not share it with anyone else unless the law allows us to do so. A summary of successful grant applications is included annually on the Council's website and in its annual report.

We will hold your personal data for no longer than six years after your last grant is awarded. You can ask us to access, rectify or erase the personal data we have about you by contacting us.

More information on how we collect and use your personal data and the control you have over it is available on our website: www.farnham.gov.uk/short-privacy-policy

Please tick the following if you would like to receive more information on:

- Future events
- Our newsletter