Application Form: Organisation Details Sheet

Please complete the details below where applicable for your group/organisation

|  |  |
| --- | --- |
| **Name:** |  |
| **Group/Organisation:** |  |
| **Correspondence Address:** |  |
| **Charity Registered Address:**  **(if different)** |  |
| **Charity Number or Copy of Constitution** |  |
| **Contact Tel. No.** |  |
| **Fax No.** |  |
| **Mobile Tel No.** |  |
| **E-mail Address:** |  |
| **Bank Branch Address:** |  |
| **Bank Account Name:** |  |
| **Bank Account No:** |  |
| **Sort Code:** |  |
| **Website:** |  |
| **How many staff involved:** |  |
| **Copy of annual Accounts attached:** |  |
| **Registered signatory:** |  |
| **Date:** |  |

Funding Application Form

**1a.** What is the value of the grant you are applying for? (minimum grant £100 maximum £1,000 except if approved by resolution at full council)

**1b.** Tell us about your project

(Max 250 words)

**2**. What difference do you want to make?

Please consider how it relates to Whitehaven Town Council?

(Max 500 words: 10 marks)

**3.** Why are you the right group/organisation to do this work?

(Max 500: words 10 marks)

**4.** How do you know there is a need for your work, and who benefits from the work that you do?

(Max 1000 words: 15 marks)

**5**. Please demonstrate why your idea is attainable? (Max 500 words: 10 marks)

**6**. Over what time period will the project be completed:

Anticipated start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated end date \_

**7**. ORGANISATION AND CONTROL (Maximum 500 words: 15 marks)

How will you organise and manage the delivery of the project?

How many volunteers will be involved in the delivery?

**8.** COSTS

Breakdown of costs for the project that have been thoroughly researched and itemised, with the costs outlined below being based on quotes received or known costs: (10 marks)

|  |  |
| --- | --- |
| ITEM | COST |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
| TOTAL |  |

**9.** Will your project be supported by Funds that have come from other sources e.g. fundraising, other grants, business support, and volunteer hours? Please provide details. (10 marks)

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Income** | **Confirmed?** | | **Amount** |
| **Yes** | **No** |
| Whitehaven Town Council |  |  | £ |
| Group’s own cash contribution |  |  | £ |
| Donations |  |  | £ |
| In-kind volunteer time |  |  | Total Estimated Hours |
| Grants and sponsorship\* (please provide names of Funders below) | | | |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
| **Total** | | | £ |

\* Please provide only details of grants and sponsorship that are relevant to this project.

**10.** Have you successfully applied to Whitehaven Town Council for grants prior to this application?

Yes

No

If yes: -

Amount received

Month / Year received:

**11.** Your project has been a complete success, please give some thought to how you could continue the project if we were unable to provide further funding or indeed could only provide reduced funding a second time?