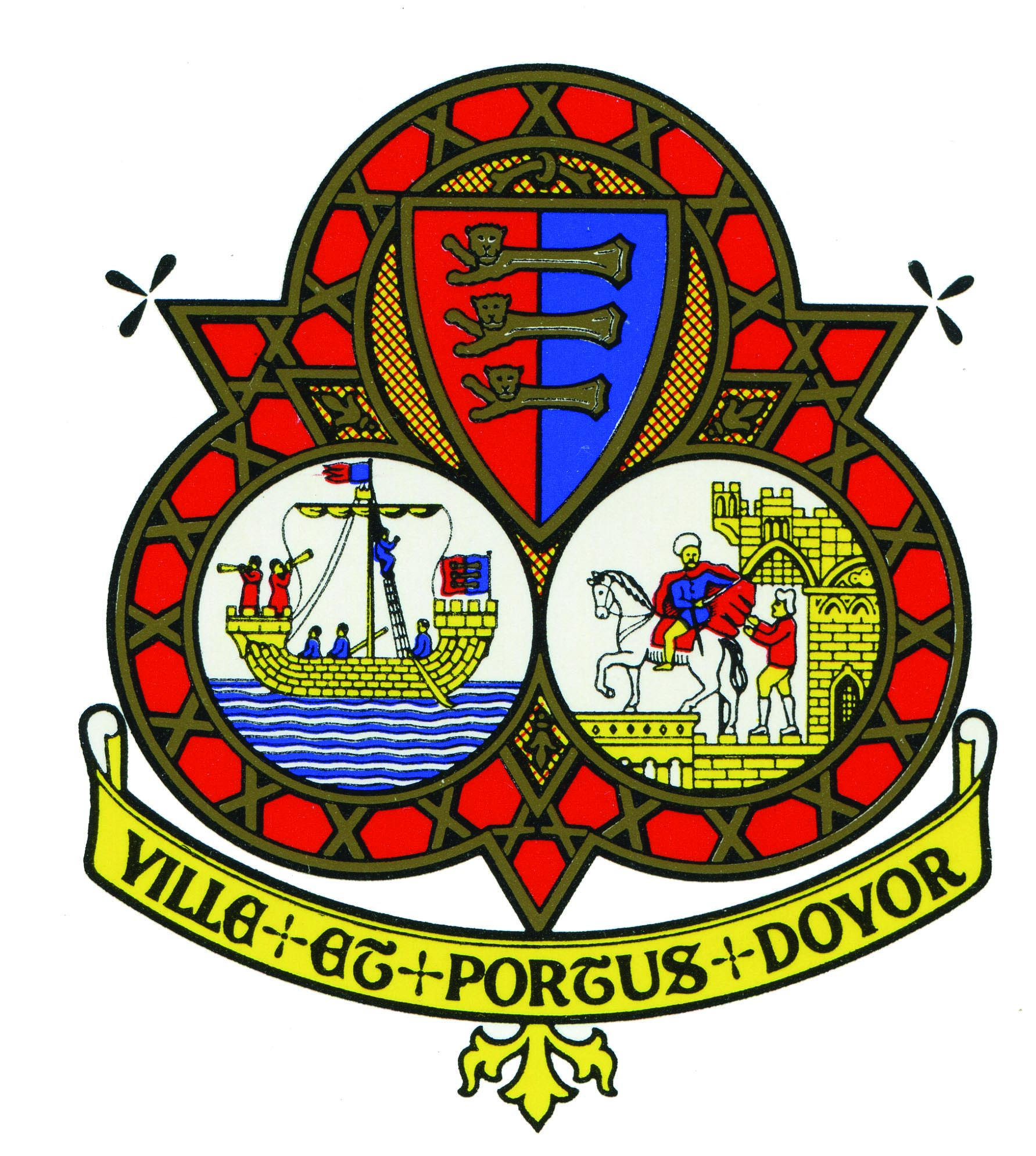
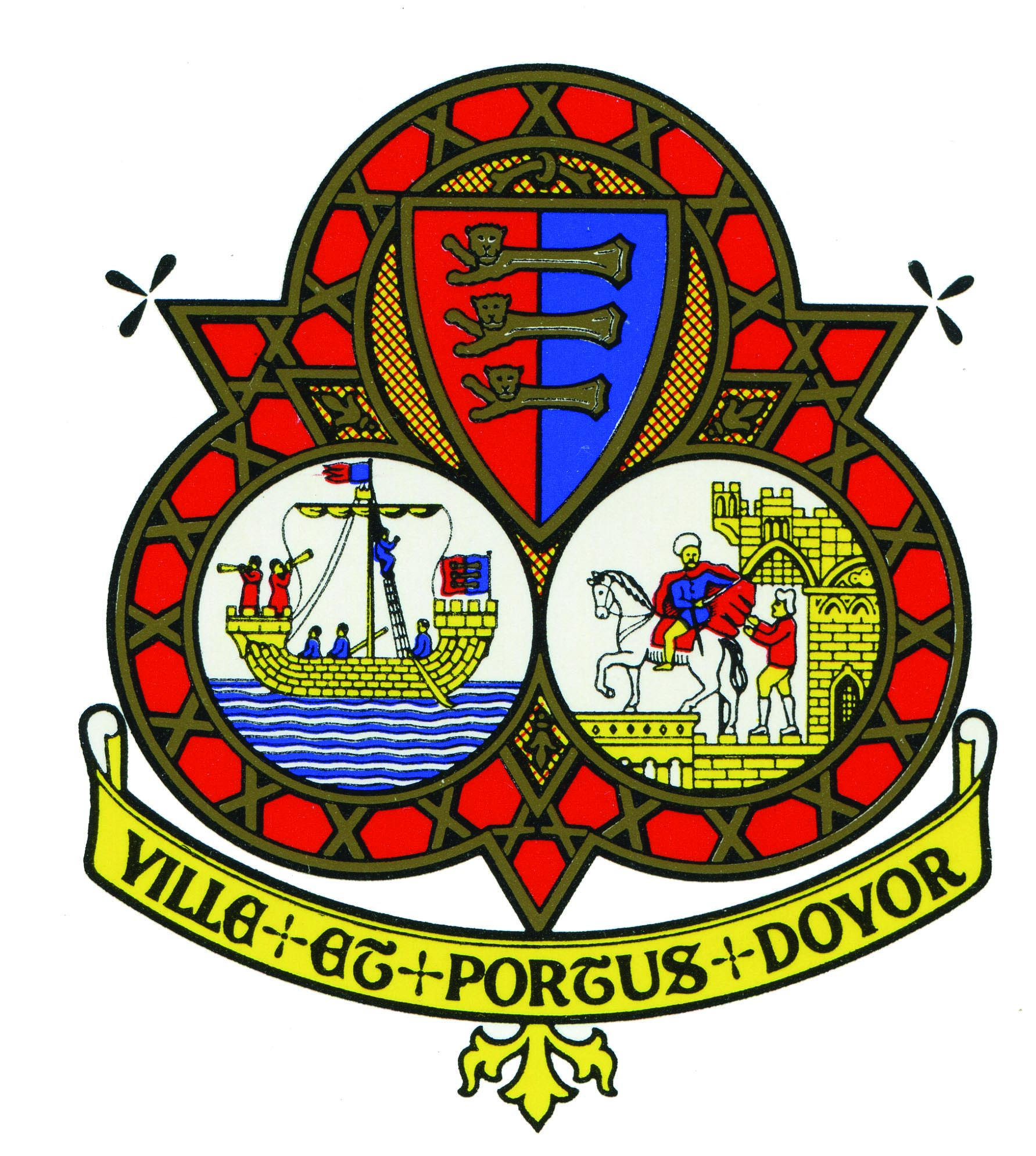
**DOVER TOWN COUNCIL**

***Grant Application Form***

***for grants over £250***

**A: APPLICATION SUMMARY**

|  |  |
| --- | --- |
| **Name of organisation:** | |
| **Registered Charity No (if applicable):** | **Registered Company No (if applicable):** |

***Please note: If your application is successful, cheques will be made payable to the ABOVE.***

**Address of organisation:**

**Telephone:**

**Name of contact:**

**Fax:**

**Email:**

**Address of contact (if different from above):**

**Reason for application – brief project/event description:**

£

**How much is requested from Dover Town Council?**

£

**Total project/event cost (if applicable):**

**Declaration:**

I hereby declare that I have the authority to submit this application on behalf of the organisation detailed above and that all information provided is true and accurate to the best of my knowledge. I agree to complete and return any forms relating to this application which are sent to me in the future:

**Signed: ………………………………………………………. Date: …………………………….......**

**Name (Block capitals): ………………………………………………………………………….……….**

**Status (e.g. Chairperson, Secretary): …………………………………………………………………**

***Please note: The information provided on this application will be held on a database and used to provide information to officers and members of the Town Council.***

**B: THE ORGANISATION**

**Name and address of Chairperson and Secretary (or two board members/trustees):**

**Chairperson: Secretary:**

|  |  |  |
| --- | --- | --- |
| Name: …………………………………………  Address: ………………………………………  …………………………………………………  …………………………………………………  …………………………………………………  Daytime Telephone No.: ………………………………………................  Email: …………….………………………….. |  | Name: …………………………………………  Address: ………………………………………  …………………………………………………  …………………………………………………  …………………………………………………  Daytime Telephone No.: …………………………………….…………...  Email: …………….………………………….. |

**What is the main purpose of your organisation?:**

If your organisation is a club with membership, please provide the following details:

**Membership:**

Number of adult members: Number of junior members:

**Number of members resident in the Town of Dover (NB Town NOT District):**

Number of adult members: Number of junior members:

Does your club charge for membership? Yes: No:

If yes, please supply details of the membership scheme and charges applicable:

**What Activities are available for members?**

**Is club membership restricted in any way? If yes please provide details:**

**Is your club/body affiliated to any national or local organisation e.g. Sports Council? If yes please provide details**:

***Please complete parts C to E if all or part of your application is for a special project or event.***

**C: THE PROJECT / EVENT / ACTIVITY**

**Project/Event/Activity title:**

**Description and aims of project/event/activity (please show how it will benefit the people of Dover):**

When will the project/event or activity take place?

**D: FINANCIAL DETAILS**

£

Estimated total cost:

Please detail the components of your project/event i.e. your budget or costings (submit on a separate sheet if necessary):

|  |  |
| --- | --- |
| ***Income for Project*** | **£** |
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|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL INCOME** | **£** |

|  |  |
| --- | --- |
| ***Expenditure for Project*** | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL EXPENDITURE** | **£** |

|  |  |  |
| --- | --- | --- |
| **TOTAL INCOME LESS TOTAL EXPENDITURE** |  | **£** |

**Will your organisation be contributing any ‘in kind’ volunteer work or materials? If so please give details:**

**Could you give this a value in £’s:**

**E: ADDITIONAL INFORMATION**

**Additional information/comments:**

|  |
| --- |
|  |

**F: COUNCILLOR GRANT SCHEME**

**IF YOU ARE APPLYING FOR A GRANT UNDER THE COUNCILLOR GRANT SCHEME PLEASE COMPLETE THE FOLLOWING:**

|  |
| --- |
| **Councillor Grant Scheme: (To be filled in by the applicant)**  If your grant application is being made under the Town Council’s “Councillor Grant Scheme” please tell us which Councillor/s is/are supporting your grant and which ward(s) this will benefit |
| Councillor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Councillor: |
| Councillor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Councillor: |
| Councillor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Councillor: |
| Councillor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Councillor: |

**Please note that the Town Council will take account of Best Value, its obligation to promote equality, its statutory powers and accounting requirements in reaching its decision. The following information (where applicable) is therefore required from all applicants for financial assistance*.* Information may be provided on a separate sheet if necessary.**

1. **Have you enclosed a copy of your latest audited or independently examined accounts?**

**YES N/A**

|  |
| --- |
| **If you have ticked Not Applicable, please explain why.** |

1. **Have you enclosed a copy of your latest bank/building society/other investment accounts statements?**

**YES N/A**

|  |
| --- |
| **If you have ticked Not Applicable, please explain why.** |

1. **Please confirm that statutory obligations under the Human Rights Act have been considered. See link below:**

***(http://www.direct.gov.uk/en/Governmentcitizensandrights/Yourrightsandresponsibilities)***

**YES**

1. **Please confirm that statutory obligations under the Equalities Legislation have been considered. See link below:**

***(***[***http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/***](http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/)***)***

**YES**

**5. Please confirm that you have considered all health and safety issues for this project/event, obtained appropriate insurance and carried out risk assessments for all relevant areas. See link below:**

***(http://www.hse.gov.uk/pubns/raindex.htm)***

**YES N/A**

**6. Please confirm that you have considered the environmental effects of this project (recycling of rubbish etc.) See link below:**

***(http://www.direct.gov.uk/en/Environmentandgreenerliving/index.htm)***

**YES N/A**

|  |
| --- |
| **If you have ticked Not Applicable, please explain why.** |

**7. The Town Council has an obligation under s17 of the Crime and Disorder Act to consider the impact of all its functions, activities and decisions on crime and disorder in its area. What implications will your project have for this requirement and how in particular will it assist the Town Council to meet its obligation? See link below:**

***(http://www.crimereduction.homeoffice.gov.uk/legislation26.htm)***

|  |
| --- |
|  |

**8. Grants are given conditional to the organisation’s agreement to allow its details to be used in the Town Council’s website, publications and other materials. Do you agree for your organisation’s details to be included? (Please note that personal and financial details will not be published.)**

**YES**

**9. Grants are normally given conditional to the organisation’s public acknowledgement of the Town Council’s assistance. How do you intend to do this? (Please note that you may be required to provide copies of relevant publicity materials.)**

|  |
| --- |
|  |

Please return your completed form to:

Secretary to the Council

Dover Town Council

Maison Dieu House

Biggin Street

DOVER  
Kent CT16 1DW

Tel: (01304) 242625

Email: [council@dovertowncouncil.gov.uk](mailto:council@dovertowncouncil.gov.uk)

Please note that an application may be submitted by email but must be signed by applicant and/ or supporting councillor(s)- if it is a councillor grant- before it is processed.

**DOVER TOWN COUNCIL’S FINANCIAL ASSISTANCE FEEDBACK**

|  |  |
| --- | --- |
| Send to: The Town Clerk  Dover Town Council  Maison Dieu House  Biggin Street  DOVER  Kent CT16 1DW  Email: council@dovertowncouncil.gov.uk | **TO BE RETURNED WITHIN 2 MONTHS OF THE PROJECT OR EVENT BEING COMPLETED**  **THANK YOU** |

**Each Dover Town Council grant is paid with local government funds and, by law, the Town Council is required to account for how its money is spent and what value any grant has provided to the town. As the recipient of public sector funding, you are required to provide the information listed below. We may ask you for more details and if you are not able to demonstrate that the grant has been spent as agreed when the funding was authorised, then you may be asked to repay it. Please be aware that in line with legislation, the details of all grants and expenditure are published online – this includes the details of the organisation and the agreed purposes of the spend.**

**If there is insufficient space, please continue on blank sheets of paper.**

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Grant amount awarded: |  |
| How have the funds been used? This must agree with the budget you provided in your application – please use it for reference here, providing dates for spend, costs, payees and other details as appropriate.  Please attach evidence for all items of expenditure – this can include receipts, paid invoices, copies of issued cheques etc. |  |
| As part of the funding agreement, you are required to acknowledge publicly the contribution from DTC. The details of how this would be done should be in your funding agreement. Please list here the forms in which acknowledgement took place and confirm this happened. Examples might be the placing of a plaque or sticker at the location of the grant expenditure, the authorised use of the DTC crest on any marketing material and the inclusion of the contribution in any publicity or press material in any form including electronic. |  |
| How did the grant benefit the people of Dover? Again – you should refer to your application and provide details of participants or beneficiaries exactly as you included in your application. Please indicate where there are any differences from your forecast and tell us why you think the real effects were different to those intended.  Please include photographs or videos or any other material which show the grant delivering value to Dover. |  |
| Signature of at least one applicant named on the grant application form:  Date: |  |
| Print Name / Position in organisation |  |