



APPLICATION FORM FOR GRANT 2022

Please fully complete and return to: Town Clerk, Town Hall, Market Square, Crewkerne, Somerset, TA18 7LN by **1pm on Friday 7th October 2022**. Applications received after this date may be rejected.

Please review the Crewkerne Town Council Grants Policy for guidance on and conditions of grant applications.

		Office use only
Name of organisation/club:		
Contact name:		
Position held:		
Address:	Postcode:	
Daytime phone number:		
E-mail address:		
Purpose of your organisation:		Y/N
Please confirm that your organisation's constitution or rules have been attached:	<input type="checkbox"/> YES <input type="checkbox"/> Not applicable	Y/N
Is your organisation a registered charity?	<input type="checkbox"/> YES, registration number: _____ <input type="checkbox"/> NO	
Amount requested from Crewkerne Town Council:		Y/N
Is the grant requested to cover:	<input type="checkbox"/> Small project, event or acquisition under £1000 <input type="checkbox"/> Large project or event <input type="checkbox"/> Service or building running costs <input type="checkbox"/> Construction projects	
Briefly outline the event/project the grant would fund:		Y/N
Where will your project take place?		Y/N

Office use only	
Complete?	
Outcome	
Award	£
Date paid	

<p>Please provide your project start and end date:</p>		Y/N
<p>How would this grant benefit Crewkerne and its community? Please tell us about how you intend to manage the project / event and the benefits this will have for Crewkerne and its residents</p> <p>This is your opportunity to “sell” your project to the Council</p>		Scored
<p>What evidence is there to support the need for your project? Please provide evidence of needs for your project e.g. letters of support, statistics.</p>		
<p>Have you considered the environmental impact of your project?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<p>How many people will benefit from your project/event?:</p>	<p>Approx. % from Crewkerne:</p>	
<p>Will the event/project be accessible to all Crewkerne residents?</p>	<input type="checkbox"/> YES, Publically available / accessible <input type="checkbox"/> YES, Limited spaces available (e.g. limited ticket sales, space, capacity or access) , please specify: _____ <input type="checkbox"/> NO	
<p>Does your project specifically target any groups?:</p>	<input type="checkbox"/> YES – Please specify <input type="checkbox"/> NO	
<p>Do you have a Safeguarding Policy?:</p>	<input type="checkbox"/> YES – Please attach <input type="checkbox"/> NO <input type="checkbox"/> N/A	Y/N
<p>Please select two of the success measures you will provide to the town council if grant is awarded:</p>	<input type="checkbox"/> Statistics on attendance / engagement <input type="checkbox"/> Photographs of the project <input type="checkbox"/> News clippings showing coverage <input type="checkbox"/> Accreditations <input type="checkbox"/> Participant quotations	
<p>Have you have had a Town Council grant within the last 5 years?:</p>	<input type="checkbox"/> YES Date _____ <input type="checkbox"/> NO	Y/N

For applications outside of the normal funding window, as per the policy, please explain why this is the case here:	<input type="checkbox"/> Not applicable	Y/N
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What is the total cost of project/activities for which assistance is sought?			Y/N
Item	Amount (£)	Quotation attached?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total cost for project			

Please supply details of sources of income for the project including gifts or donations in kind.			Y/N
Funding Source (e.g. ticket sales, lottery grant, district council application, self-funding)	Amount (£)	Secured (please tick)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total income for project			

Please confirm that your latest accounts are attached	<input type="checkbox"/> YES	Y/N
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Declaration I confirm that : <ul style="list-style-type: none"> I have read and will comply with the Crewkerne Town Council Grants Policy All information within this application form is accurate to the best of my knowledge I am authorised to apply for funding on behalf of the organisation/group 	Y/N
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Signed:	
Date:	