APPLICATION FORM FOR GRANT 2027

Please fully complete and return to: Town Clerk, Town Hall, Market Square, Crewkerne, Somerset, TA18 7LN by **1pm on Friday 23rd October 2026**. 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:	☐ YES ☐ Not applicable	Y/N
Is your organisation a registered charity?	☐ YES, registration number: _____ ☐ NO	
Amount requested from Crewkerne Town Council:	£	Y/N
Is the grant requested to cover:	☐ Small project, event or acquisition under £1000 ☐ Large project or event ☐ Service or building running costs ☐ Construction projects	
Briefly outline the event/project the grant would fund:		Y/N

Office use only	
Complete?	
Outcome	
Award	£
Date paid	

Where will your project take place?		Y/N
Please provide your project start and end date:		Y/N
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 **This is your opportunity to "sell" your project to the Council**		Scored
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.		
Have you considered the environmental impact of your project?	☐YES ☐NO ☐N/A	
How many people will benefit from your project/event?:	Approx. % from Crewkerne:	
Will the event/project be accessible to all Crewkerne residents?	☐YES, Publicly available / accessible ☐YES, Limited spaces available (e.g. limited ticket sales, space, capacity or access) , please specify: _____ ☐NO	
Does your project specifically target any groups?:	☐ YES – Please specify ☐ NO	
Do you have a Safeguarding Policy?:	☐ YES – Please attach ☐ NO ☐ N/A	Y/N
Please select two of the success measures you will provide to the town council if grant is awarded:	☐Statistics on attendance / engagement ☐Photographs of the project ☐News clippings showing coverage ☐Accreditations ☐Participant quotations	
Have you have had a Town Council grant within the last 5 years?:	☐ YES Date _____ ☐ NO	Y/N

For applications outside of the normal funding window, as per the policy, please explain why this is the case here:	☐ Not applicable	Y/N

What is the total cost of project/activities for which assistance is sought?

Item	**Amount (£)**	**Quotation attached?**
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
Total cost for project:		

Y/N

Please supply details of sources of income for the project including gifts or donations in kind.

Funding Source (e.g. ticket sales, lottery grant, self-funding)	**Amount (£)**	**Secured** (please tick)
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
Total income for project:		

Y/N

Please attach a copy of your latest accounts and bank statement. ***If you are unable to do so, please state the reason why:***		Y/N
Please confirm the bank account details should a grant be awarded:	Account Name: Sort Code: Account Number:	

Declaration I confirm that : • 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
Signed:		
Date:		