

**NEWHAVEN TOWN COUNCIL**

**Application for a SMALL Grant (Up to £500)**

This form is to be used for Small Grant applications. Please read the council’s policy on Discretionary Grants ***before*** completing this form and provide as much information as possible.

Feel free to use additional separate sheets to assist in this.

**If you need help or advice in completing this form please call our offices on 01273 516100**

**CLOSING DATE SUNDAY 18th FEBRUARY 2024 AT MIDNIGHT**

***Applications received after this date will not be included.***

***Completed application forms and supporting documents can either be emailed to*** [***admin@newhaventowncouncil.gov.uk***](mailto:admin@newhaventowncouncil.gov.uk) ***or post to: Town Council Offices, 18 Fort Road, Newhaven, East Sussex BN9 9QE.***

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| **Section 1. Your Organisation** | | | |  | | | |
| **Name of your**  **organisation** | | |  | | | | |
| **Address** |  | | | | | | |
| **Telephone no:** |  | | | **Email address:** |  | | |
| **Please can you give us a description of your organisation.** | | | | | | | |
|  | | | | | | | |
| **Please can you tell us about the activities or events your organisation has organised in the last 12 months.** | | | | | | | |
|  | | | | | | | |
| **Is your organisation a voluntary group?** | | | |  | | **Is your organisation a registered charity?** |  |
| **What is your Registered Charity Number?** | | | |  | | | |
| **Are you a national charitable organisation with a local branch that benefits residents?** | | | |  | | | |
| **Can anyone join your organisation?** | | | |  | | | |
| **If not, why not?** | | | |  | | | |
| **Where is your organisation based and who owns the building?** | | | |  | | | |
| **How many Newhaven residents are likely to benefit from this grant?** | | | |  | | | |
| **What age group(s) are likely to benefit?** | | | |  | | | |
| **Do your members pay subscription fees? (weekly/monthly/annually)** | | | |  | | | |
| **If so, how much?** | | | |  | | | |
| **Section 2. Justification for Grant Funding**  *Please note that this section forms part of our assessment.* | | | | | | | |
| **How will the grant be used? Explain in detail the background, purpose and how the grant will be utilised.** (2 points) | | | | | | | |
| **What sections of the community in Newhaven will benefit from the grant?** (3 points) | | | | | | | |
| **How will your organisation, its members and/or your users benefit from this grant?** (3 points) | | | | | | | |
| **How will your use of this grant deliver ‘Value for Money’?** (5 points) | | | | | | | |
| **How do the activities and actions resulting from this grant align with the current priorities of Newhaven Town Council?** (4 points) | | | | | | | |
| **How will this grant assist in promoting Newhaven Town?** (3 points) | | | | | | | |
| **This grant application must be for an activity/project not previous funded by Newhaven Town Council. Please list any projects and activities undertaken by your organisation that were funded by Newhaven Town Council in the previous 3 years.** (3 points) | | | | | | | |
| **Section 3. Financial Information & Fundraising Activities** | | | | | | | |
| **Specific amount of Grant Aid sought with this application?** | |  | | | | | |
| **If the grant forms part of a larger project, what is its total estimated cost?** | |  | | | | | |
| **If the value of this grant application does not meet the full cost of the project, how do you propose to meet the shortfall?** | |  | | | | | |
| **What are your main sources of income?** | |  | | | | | |
| **What other bodies have you applied to for grants?** | | **For this project/activity?**  **For general support with other projects/activities?** | | | | | |
| **How much money have these bodies awarded you?** | |  | | | | | |
| **Please provide information of any fundraising activities you have carried out in the last year and how do these contribute to the grant being applied for.**  (4 points) | |  | | | | | |
| **How much money have you raised from these fundraising activities in the same period?** | |  | | | | | |

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| **Section 4. Application Checklist** | |
| **Supporting Documents Required**  **Please ensure that these are sent with your completed application form** | **Attached**  *Please tick to show that the document is attached* |
| Either a set of annual accounts and/or the organisations bank statements for the previous 12 months. |  |
| Where a grant application is made in connection with the ‘start-up’ of a new organisation, a projected budget together with a business and risk management plan in lieu of annual accounts. |  |
| A current written set of rules, constitution or other governing document duly authorised and adopted. |  |
| In the case of a grant for infrastructure/equipment maintenance and/or improvement purposes, a minimum of two estimates for the work/equipment specified. |  |
| In the case of a public event, a copy of current Public Liability Insurance. |  |

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| **Section 5. Banking Details** | | | | |
| **Account Name** | |  | | |
| **Name of Bank/Building Society** | |  | | |
| **Sort Code** | |  | | |
| **Account No** | |  | | |
| **Bank mandate rules (How many signatories)** | |  | | |
| **If your bank statements or accounts show substantial funds, e.g. in excess of the grant applied for, please explain why?**  **The council needs to fully understand your financial position** | |  | | |
| **Section 6. Declarations** | | | | |
| **To the best of your knowledge, is any member of your organisation a close friend or relative of an Officer or Councillor of Newhaven Town Council?** | | | | Yes/No |
| **Please state who that is and their relationship to you** | | |  | |
| **Data Protection Statement** | | | | |
| The information we ask for on this form is in order to fully assess your grant application.  By submitting this application, you are consenting to us sharing appropriate information on this application with employees and elected members of Newhaven Town Council.  This information may be used for publicity purposes if the grant is awarded. | | | | |
| **Signatures authorising this application from your group**  **(Two people must sign this form)** | | | | |
| We have read and understood the terms and criteria of Newhaven Town Council Discretionary Grant Application Policy and Guidelines.  We declare that all the information given by us is true and we understand that if any funds are not used for the purpose outlined in this application, then they are liable to be recovered by Newhaven Town Council.  We will keep full records of all receipts relating to expenditure and will provide them to Newhaven Town Council where required.  If our organisation or group is dissolved and/or merged with another, and equipment has been purchased with this grant, any such equipment remaining will be distributed within the community at the discretion of Newhaven Town Council. | | | | |
| **Signature One** |  | | | |
| **Name** |  | | | |
| **Position in organisation** |  | | | |
| **Contact address** |  | | | |
| **Contact email** |  | | | |
| **Contact phone number** |  | | | |
| **Date** |  | | | |
|  |  | | | |
| **Signature Two** |  | | | |
| **Name** |  | | | |
| **Position in organisation** |  | | | |
| **Contact address** |  | | | |
| **Contact email** |  | | | |
| **Contact phone number** |  | | | |
| **Date** |  | | | |