



# CARTERTON TOWN COUNCIL

## APPLICATION FOR GRANT FUNDING (PLEASE COMPLETE IN BLOCK CAPITALS)

**PLEASE READ THE ATTACHED GUIDANCE NOTES BEFORE COMPLETING THIS FORM**

(1) Your Organisation			
Name of Organisation:			
Correspondence Address: .....			
.....			
.....			
Postcode:		Telephone No:	
Contact Name:			
Position in Organisation:			
Email Address: (PLEASE PRINT)			
Registered Charity:	YES / NO	Registration No:	
<i>What are the activities and/or aims of your organisation?</i>			

<b>(2) Membership</b>	
How many members do you have/how many people do you support (as applicable)?	
Approximately how many of the above live in Carterton?	
Is membership/assistance restricted in any way?	
What is your annual subscription, if any?	
Are you affiliated to a national organisation? If so, which one?	
Local venue/meeting place (if different from address above)	
<b>(3) Grants</b>	
Purpose for which the grant is required (please give as much information as possible):	
Amount being applied for?	£
What is the total cost?	£
Has your organisation previously applied to the Town Council for a grant?	YES / NO
If YES, please give details: (date, amount & purpose)	

Have you applied for a grant to any other body or organisation?	YES / NO
If YES, please give details:	
<b>(4) Fundraising</b>	
What fundraising events or activities will your organisation be holding this year?	
<b>(5) General – PLEASE NOTE</b>	
<ul style="list-style-type: none"> <li>• You must enclose a copy of your latest audited accounts, a financial projection for the period following the balance sheet, or a Business Plan if a new organisation.</li> <li>• Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature. Please apply to us for a copy of our Town Crest.</li> <li>• Please provide any additional information which may assist the Council in reaching its decision.</li> <li>• <u>Any grant awarded on a draw-down basis can only be drawn during the financial year 1 April to 31 March. It cannot be carried over to the following year.</u></li> </ul>	
<p>Please indicate to whom a cheque should be made payable if your application is successful. Alternatively, please supply your bank account details (preferred):</p> <p>Cheque:</p> <p>Bank:</p> <p>Account Name:</p> <p>Sort Code:</p> <p>Account No:</p>	

<i>I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for grant-aid</i>	
Signed:	Date:

***Please return your completed application form, with copies of accounts and financial projection and a covering letter giving any further information, to Carterton Town Council, Town Hall, 19 Alvescot Road, Carterton, OX18 3JL***

***Tel: 01993 842156. Email: [clerk@carterton-tc.gov.uk](mailto:clerk@carterton-tc.gov.uk)***

### **GUIDANCE NOTES**

Carterton Town Council has grants available for funding a project or activity. The Town Council grants are awarded at the discretion of the Grants Committee, and match funded up to 50% of costs to a maximum of £2,000; unless the Grants Committee decides that there are exceptional reasons to award a higher grant. Grants can be awarded to support a project, event or service, or to purchase equipment to help your group provide services to its users. Other funding can come from your own fundraising, existing resources or grants from other organisations.

The Grants Committee reserves the right to monitor the application and use of any grant awarded and may withhold, withdraw or recover the grant if the funds are not used for the purposes described in the application.

#### **Application Process and Meeting Dates**

Grants Committee meetings are held 4 times a year and the committee reviews, discusses and makes a recommendation on the level of grant to be awarded to each applicant. The committee reserves the right not to award a grant to an applicant. Applicants are encouraged to attend the committee meeting, to present their case. The giving of a grant one year does not set a precedent for another year.

The application form and supporting documents need to be submitted at least 20 working days prior to each committee meeting, to the Deputy Clerk, Kay Linnington - contact details above. Additional information or clarification may be requested to support your grant application before the meeting. The committee may defer an application, pending receipt of any additional information it requires.

Please contact the Town Council if you have any questions before submitting your application.

**For Office Use Only**

Grant applications must be checked against the following criteria. Any questions where the answer is 'no' must be reported to the Grants Committee meeting where the application is being considered.

Yes	No (investigate)	
		The grant will result in a benefit for the area covered by the Town Council and will contribute positively to the area of Carterton?
		Does the grant exclude ongoing running costs?
		If the application is for running costs has the applicant included plans for where future running costs will be found from?
		Is the grant for a group and not for individuals or organisations whose function is primarily undertaken by the health authority or Oxfordshire County Council's Social Services?
		Is the grant for non-political or non-quasi-political organisations or projects?
		Is the grant application for £2,000 or less?
		For applications in excess of £2,000, has the applicant fully detailed the exceptional circumstances?
		Does the application include the required financial and organisational information?
		Is this the only application in this financial year from this group or organisation?
		Is the applicant based in the Town Council area? If not has the applicant detailed what proportion of beneficiaries of the grant reside in the area?
		Is the application for future funding? (ie not retrospective)
		Is the grant for the sole use of the applying group and not to pass on money?
		Has the applicant demonstrated how one-off grant funding will lead to greater self-sufficiency and lessen the need for future applications?
		For applications for funds for security measures, does the applicant have the support of the local police or crime reduction officer?

Assessing officer.....

Date of assessment.....

Decision (delete as applicable) reject / return for further information / proceed to committee

Approved as an agenda item for the Grants Committee meeting on .....

Outcome at that meeting .....