

Grants Application Form

Application Form - Please make sure you have read the information at the front of this application before completing this form. Write clearly in black ink or type and use a separate sheet of paper for your answers where necessary.

Which Service/Provision best relates to your grant application? Please tick ONE box.

- | | |
|--|---|
| Sports & Leisure <input type="checkbox"/> | Village Enhancement <input type="checkbox"/> |
| Community Transport <input type="checkbox"/> | Village Halls/Parish Halls <input type="checkbox"/> |
| Community Development/Participation <input type="checkbox"/> | Local Economic Development <input type="checkbox"/> |
| Arts <input type="checkbox"/> | Parks/Play Areas <input type="checkbox"/> |
| Community Safety <input type="checkbox"/> | Local Agenda 21 <input type="checkbox"/> |
| Wildlife and Land Conservation <input type="checkbox"/> | Buildings in General <input type="checkbox"/> |

Please indicate relevant Area Committee to which you are applying (See map at front of this booklet).

City Northern Southern Western

Question 1

Amount of grant requested (minus VAT if applicable).

£

Question 2

What exactly is the money requested for (please enclose any relevant estimates or details). Please provide three quotes where possible.

Question 3

Please give us a breakdown of how the money will be spent.

Total amount £

Question 4

Tell us how much money the project will cost in total:

£

How much money has been/is to be raised towards this sum:

£

Question 5 *Tell us about your group*

Name of Group

If the name of your constitution is different to the name given above please write it here:

Name of main contact in the group (to whom correspondence will be sent):

Title First Name Surname

Position held in Group:

Full address for correspondence:

Telephone: Day: Evening:

Is this address (tick one box only): Your Group's office: Your home address: Other (please specify):

Question 6 *What is the status of your Organisation?*

Registered Charity Unregistered Voluntary Organisation

Company Limited by Guarantee Other - Please specify

What type of group are you?

Information/Advice Group Village Hall Committee

Service and Facilities for the Community Church

Parish/Town Council Youth

Community Participation & Involvement Minority Groups

Environment/Conservation Special Interest

Healthcare and Disability

Question 7

Committee details (Officers) where applicable:

Chairperson: Name: Daytime Tel:

Secretary: Name: Daytime Tel:

Treasurer: Name: Daytime Tel:

Question 8

When was your group set up? Month: Year:

Question 9

How many people are involved in running your group?

Committee members Paid staff: Full time:

Other volunteers Paid staff: Part time:

Question 10

What are the key aims and objectives of your group?

Empty text area for writing answers to Question 10.

Question 11

Do you have an Equal Opportunity Policy? If so, please attach with application. Yes No

Question 12

Does the Organisation have an agreed constitution or Memorandum of Association or rules?

Please state which and attach a copy.

Empty text box for providing details of the constitution or rules.

Question 13

What ages are the people your group works with?

0-5 6-10 11-16 17-25 26-59 60+ all ages

Question 14

How would you describe the people your group works with? (You can tick up to three boxes)

- Elderly people
- Women & children at risk
- Homeless people
- Communities and neighbourhoods
- Advocacy and advice
- Children or young people
- Lone parents
- Ethnic minorities
- Offenders or ex-offenders
- People with disabilities
- People with learning difficulties
- Unemployed people
- People on low income
- People with mental ill health
- Other (please specify)

Question 15

How does your organisation consult and listen to the people with whom it is working and whom it is providing services to.

Empty text area for writing answers to Question 15.

Question 16

How has the need for this service/project been identified?

Question 17

Who will benefit from the grant and in what way - how will you know that it has made a difference?

Other details

Question 18

Tell us about any other previous applications which you have made to Salisbury District Council within the last two years:

Description	Successful?		Amount	Year
	Yes	No		

Question 19

Please state funding which has been secured and its source. And, what efforts have been made or are being made to seek funding from other sources?

Source	Funding sought (£)	Funding Secured	Response

Question 20

If Salisbury District Council is unable to provide the full amount requested, what would be the effect on the project/organisation, could it run in a reduced capacity?

Question 21

Tell us about your bank account details. (Please refer to the information on page 1 at the front of this application form).

Account name:

Bank/building society name:

Bank/building society address:

Who are the signatories and what position do they hold in your group?

1 Name: Position:

2 Name: Position:

Question 22

Please give information relating to your most recent annual accounts (if applicable):

Year ending: Month Year

Total Income:	£ <input type="text"/>
Minus total expenditure:	- £ <input type="text"/>
Equals surplus/deficit for the year:	= £ <input type="text"/>
Savings (reserves, cash or investments):	£ <input type="text"/>

Question 23

Independent referee (Not required by Parish/Town Councils).

Title: First Name: Surname:

Occupation:

Telephone: Day: Evening:

How long have you known this group and how do you know about their work?

Signed:

Question 24

Your Chairperson, Treasurer or Secretary must sign below.

(This must not be the main contact name in question 5).

I confirm, on behalf of (insert name of group):

that I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.

I further confirm that this application is made on the basis that if successful, the group will be bound to use the grant only for the purposes specified in this application, and will have to comply with any terms and conditions attached to the grant by the Area Committee.

Post held in group:

Title First name: Surname:

Contact address (include postcode):

Telephone: Day: Evening:

Signed: Date:

Question 25

Your signature (this must be the signature of the main contact in question 5 and different to that in question 24).

I confirm that to the best of my knowledge and belief, all replies given on this application form are true and accurate. I understand that supporting information may be collected by the Council at any stage of the application process.

Signed:

Date:

We strongly recommend that you contact the relevant technical officer before submitting your application

Checklist

Use this checklist to make sure you are sending us a complete application. You must tick every box which applies to you before you send in your application.

- | | |
|--|--|
| <input type="checkbox"/> Constitution | <input type="checkbox"/> 3 quotes (where relevant). If you are unable to provide 3 quotes, please explain why. |
| <input type="checkbox"/> Annual Accounts | <input type="checkbox"/> Maps (where relevant) |
| <input type="checkbox"/> EOP | <input type="checkbox"/> The referee named in question 23 has signed page vi |

Please read carefully

This section is important because it is a condition of any application that you have read, understood and accepted it.

- All decisions on applications are final and at Salisbury District Council's discretion.
- When a grant expires, the District Council has no commitment to provide any further funding for the project.
- The information contained at the front of this application form could change from time to time. Policy and regulations on distributing funds may also change. We reserve the right to amend policies, procedures and assessment criteria.
- The application form does not necessarily reflect all the information used by Salisbury District Council to decide applications. The Council may seek additional information to check your application and organisation
- We may use the name of your group and its project in our own publicity material.

Please return your completed application form to:

**Democratic Services Unit
Salisbury District Council
The Council House, Bourne Hill
Salisbury
Wiltshire SP1 3UZ**