**Application for Grant Funding**



Evesham Town Council

***(Please complete electronically)***

**1. Organisation Name**

This will be the name the payment is made to should an award be agreed, and must match the name on your bank account.

**2. Contact Details**

**Name:**

**Address:**

**Postcode:**

**Email:**

**Telephone:**

**3. Project Title**

**4. Are you a registered charity or company? (If yes please detail the registration number)**

**5. Number of members and/or Evesham residents helped or supported by the project.**

**6. Aims and objectives of the project**

**7. Total cost of the project (Please include a breakdown of costs including individual items if known)**

**8. What costs are you applying for?**

**Capital: £\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Running Costs: £\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. How will any shortfall be met?**

**10. Other sources of funding applied for/received:**

**District Council: £……………………………………Confirmed (Y/N)**

**County Council: £........……………………………...Confirmed (Y/N)**

**Charitable: £……………………………………Confirmed (Y/N)**

**Fundraising: £……………………………………Confirmed (Y/N)**

**Other Source: £…………………………………...Confirmed (Y/N)**

**11. Application Check List**

|  |  |
| --- | --- |
| * A detailed description of what the grant will support and how this will benefit the residents of Evesham. * An organisation chart showing the roles individuals take in the organisation as positions of responsibility. * Constitution or rules of the organisation. | * The most recent income and expenditure account, or, in the case of a new venture, a fully costs plan with financial information. * Details of any additional funding secured or applied for, as well as any fundraising carried out. |

All organisations that receive a grant are asked to provide a written report to the Town Council within four months of the award date. It is also a requirement that the Town Council is acknowledged on any publicity (programmes, websites, reports, posters etc) produced to promote the project. By signing below you confirm that you will comply with this.

**Name and Position in the Organisation:**

**Signed:**

**Date:**



Evesham Town Council

**Payment Details**

**Please supply the bank account details that, if successful, the grant aid funding would be paid into by BACS:**

**Account Name (Note: this must be in the name of the organisation):**

**Account Number:**

**Sort Code:**

**Email Address (for remittance advice):**

**Authorised Signature:**

**Print Name:**

**Date:**

***Please note****: the* ***Payment Details*** *will only be used to make payment and signatures will be removed from the application before circulation to councillors***.**

Please complete this form electronically and either return by email to [council@eveshamtowncouncil.gov.uk](mailto:council@eveshamtowncouncil.gov.uk) or print and post to Evesham Town Council, Unit 6 Abbey Lane Court, Evesham WR11 4BY. Please also include any supporting documents such as bank statements and a copy of your constitution or rules, as well as any other information that you think is relevant to your application.