



GRANT AID APPLICATION FORM

Shifnal Town Council acknowledges that not all of the questions asked on this form will apply to all organisations. However, you are required to use this form to provide information on the type of activities you are engaged in and to demonstrate a financial need. If you feel that parts of the form are inappropriate or don't apply to your organisation, please provide details as to why in the 'Additional Information' Section 11 of this form.

Funds allocated under Shifnal Town Council's grant aid awards should not be viewed as an alternative to fund raising activity. Grants awarded by Shifnal Town Council are intended to help organisations where fund raising is difficult, they can be awarded to help new organisations get started and they can be used to fund one off events, activities or projects which are of benefit to the majority of Shifnal residents.

The Shifnal Town Council Grant Funding Policy document should be read prior to completing this application.

SECTION 1

NAME OF ORGANISATION/GROUP MAKING THIS APPLICATION TOGETHER WITH DETAILS OF RESPONSIBLE MEMBERS (at least two individuals should be named on this application):

NAME OF ORGANISATION/GROUP:
.....

FULL NAME OF MEMBERS AUTHORISED TO APPLY FOR GRANT FUNDING:

1.
2.

IF THIS APPLICATION IS SUCCESSFUL PLEASE PROVIDE INFORMATION ON WHO THE CHEQUE SHOULD BE MADE PAYABLE TO HERE (Please note that Shifnal Town Council is unable to fund individuals):

.....
:

SECTION 2

ADDRESS FOR CORRESPONDENCE (including Post Codes):

1.

.....

.....

2.

.....

.....

EMAIL ADDRESS:

1.

2.

SECTION 3

PREFERRED MEANS OF RECEIVING FUTURE INFORMATION (please tick):

☐ by post (second class)

☐ by e-mail (give address below)

SECTION 4

TELEPHONE NUMBER (Please provide contact details for both members) – please include a landline and mobile wherever possible:

1.

2.

SECTION 5

PURPOSE AND ACTIVITIES OF ORGANISATION:

SECTION 6

HOW MANY SHIFNAL RESIDENTS WILL BENEFIT DIRECTLY FROM THIS PROJECT/ACTIVITY
(Please provide details of any survey information your group has gathered and where possible give examples of actual or anticipated benefit)?

SECTION 7

PLEASE GIVE DETAILS OF ADDITIONAL FUND RAISING ACTIVITY YOUR ORGANISATION HAS UNDERTAKEN TO RAISE FUNDS IN THE PAST 12 MONTHS – AN OVERVIEW OF ANY FUND RAISING ACTIVITY YOU INTEND TO SUBMIT IN THE NEXT 12 MONTHS WOULD ALSO BE USEFUL.

SECTION 8

HAS YOUR ORGANISATION BEEN FUNDED (GRANTS OR OTHERWISE) BY SHIFNAL TOWN COUNCIL IN THE PAST? ☐ YES ☐ NO If, YES, please provide information below:

Date..... Grant £

Date Grant £

Date Grant £

Have you received awards (from Shifnal Town Council) in addition to those shown above? ☐ YES ☐ NO

SECTION 9

IF YOU HAVE APPLIED FOR GRANT FUNDING FROM OTHER BODIES (FOR THE ACTIVITY OF PROJECT YOU ARE CURRENTLY SEEKING FUNDING FOR) PLEASE LIST THEM HERE AND INDICATE IF THE APPLICATION IS CURRENT OR HISTORIC AND IF IT WAS SUCCESSFUL OR NOT. PLEASE ALSO PROVIDE BRIEF INFORMATION ON OTHER SUCCESSFUL GRANT AWARDS YOUR ORGANISATION HAS RECEIVED.

:

SECTION 10

PLEASE OUTLINE IN DETAIL THE SPECIFIC REASONS FOR THIS APPLICATION – PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE ON THE PROJECT OR ACTIVITY FOR WHICH YOUR ORGANISATION REQUIRES FUNDING:

THIS SHOULD INCLUDE A CLEAR BREAKDOWN OF COSTS.
QUOTATIONS, INVOICES, ORDERS ETC ARE TO BE ATTACHED.

AMOUNT OF FINANCIAL ASSISTANCE APPLIED FOR:

£

SECTION 11

PLEASE USE THIS SPACE TO PROVIDE ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION:

DATE OF THIS REQUEST:

SECTION 12

We, the undersigned, confirm that we are making this application on behalf of the organisation as stated in Section 1 and that we are a properly constituted group. I am enclosing here (please tick to confirm):

- ☐ A copy of my groups constitution
- ☐ Latest set of accounts showing current assets and bank balances at the most recent year end (please note that it is important your accounts are attached for your application – your application may not be considered if you do not provide this information).
- ☐ Latest bank statements.
- ☐ Quotations, Invoices, Orders or other supporting costing documents.
- ☐ We understand that Shifnal Town Council require feedback on the utilization of the grant award and that we are required to submit a brief report on the use made of the funding (this should be provided to the Town Clerk no later than end January).

If you are not able to provide a copy of your constitution and/or accounts – please explain why in Section 11 above.

SECTION 12

1. SIGNED:

NAME IN CAPITALS:

2. SIGNED:

NAME IN CAPITALS:

GRANT APPLICATION FORMS (TOGETHER WITH SUPPORTING DOCUMENTATION) SHOULD BE FORWARDED TO:

The Town Clerk, Council Offices, Shifnal Community Hub, Tudor Way, Shifnal TF11 8DJ

Data use statement

Personal data received via this application form will be processed in accordance with the UK General Data Protection Regulations. Shifnal Town Council will store and use the personal details provided here solely for administration – personal details will never be passed onto third parties for other purposes. We will use details relating to your group in the following ways:

- To manage your application for funding.
- To use the data provided to issue cheques to successfully funded groups.
- To produce lists of successfully funded organisations (this will be published on the Town Council website and will be released to the local Press). No information relating to individual members of your group will be divulged.
- To extract relevant information relating to the activity or project being funded and include this on promotional literature (such as the Council newsletter).
- To contact you periodically to remind you of forthcoming grant funding opportunities with Shifnal Town Council. If you do not wish to be contacted by Shifnal Town Council about further grant funding opportunities please tick ☐

For office use only

Date application received _____

Documents included: Constitution ☐ Accounts ☐

Grant Applied for: £

Grant Awarded: Yes ☐ No ☐ Amount: £

Date cheque sent out: _____

Date receipt received: _____