Downham-Market-Town-Council-Logo-FRAMED-Small

**GRANT AID**

**Application form for April 2021 to March 2022**

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| **SECTION A: Your Organisation details** | |
| **Name of Organisation**  (Please note that if you are successful, this will be the name the cheque will be made payable to) |  |
| **Registered Charity number (If applicable)** |  |
| **Name of Main Contact**  (Person we should address correspondence to\_ |  |
| **Full Postal Address of Organisation** |  |
| **Contact telephone number** | **Daytime:**  **Mobile:** |
| **Main Contact Postal Address:**  (If different from above) |  |
| **Main Contact email address** |  |
| **Has the organisation received grant aid from Downham Market Town Council in the past** | **YES/NO** |
| If yes, please give details below |  |
| Date | Amount |
|  | £ |
|  | £ |
|  |  |
| Please provide a brief description of the main activities of the organisation and who attends | |
| Are you a not for profit organisation? | YES/NO |
| How long has the organisation been established? |  |
| **SECTION B: The Grant** | |
| Amount requested  Amount of whole project | |
| Please provide a brief description of what you would use the Grant Aid for? (Please continue a separate sheet if required) | |
| Start Date of project |  |
| Completion Date of project |  |
| **SECTION C: Sustainability** | |
| Will the project continue after this funding has ended? | YES/NO |
| If yes, please give an explanation: - | |
| **SECTION D: Completing the application** | |
| **Your signature** – This must be the signature of the main contact named in Section A | |
| Declaration   1. I certify that the information contained in this application is correct 2. If the information changes in any way I will inform   Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Second Signature**  Position held in Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Completed application forms should be returned to:** | Downham Market Council  15 Paradise Road  Downham Market  Norfolk PE38 9HS |

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| **Check List** |  |
| A Copy of the organisations constitution or rules to be provided |  |
| Have two signatories on the form |  |
| A copy of your Equal opportunities policy |  |
| A copy of your most recent annual audited accounts (or current financial statement if your organisation has been operating for less than 1 year) |  |
| A copy of a recent bank statement |  |
|  |  |
| **Depending on your project you may also need to subitem** |  |
| A copy of relevant safeguarding policies if your project involves work with children and/or vulnerable adults |  |
| Copies of quotes or estimates if applying for funds to pay for equipment or services |  |
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