**Arundel Town Council**

**CHARITABLE GRANTS AND DONATIONS**

**APPLICATION FORM**

**CONTACT DETAILS**

**Name of Organisation** …………………………………………………………..

**Correspondence Address** …………………………………………………………..

 …………………………………………………………..

 …………………………. **Postcode** ……………………

**Telephone No** …………………………………………………………..

 **Email.** …………………………………………………………..

**Your Position in Organisation** …………………………………………………..

**BACKGROUND INFORMATION**

**1. What is the nature of your organisation or the activity for which you are seeking a grant?**

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**2. What are the aims and objectives you wish to pursue with the aid of a grant or donation?**

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**3. (a) When was your organisation formed?** …………………………..

 **(b) Is your organisation a registered charity? YES / NO**

 **(c) If YES, what is the Registered Charity No.** …………………..

**4.** **Is your organisation part of, or affiliated to, any national organisation?**

 **YES / NO**

**5. What is the catchment area covered by your organisation?**

 …………………………………………………………………………………..

 …………………………………………………………………………………..

**6. Briefly describe the project or purpose for which you are making this application?**

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**7. How will/does your project or activity benefit the residents of Arundel?** Please include numbers of Town residents who use your organisation and details of how your advertise your organisation within the Town.

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**8. Does your organisation have a presence in the Town e.g. by visiting the Town or providing access to your organisation’s office?**

 **YES / NO**

**If YES, Please provide details**

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**FINANCIAL INFORMATION**

**Please complete either Section A or B. All applicants must complete Section C.**

**SECTION A**

**PLEASE COMPLETE THIS SECTION IF YOUR APPLICATION IS FOR A GRANT OR DONATION TOWARDS A SPECIFIC PROJECT (QUESTIONS 9 TO 16)**

**9. What is the total cost of your project activity? £** ………………..

**10. What is the amount of the grant or donation you are seeking?**

 **£** ………………..

**11. What is the expected completion date of the project?** …………………..

**12. If the total cost is more than the donation you are seeking, do you already have the balance available?**

 **YES / NO**

**13. Have you previously received or applied for a grant from Arundel Town Council?**

 **YES / NO**

 **If YES, please give details:-**

 **Date** ……………………………

 **Amount £** ………………………….

**14. Have you received or been promised any grant assistance from any other source towards this project?**

 **YES / NO**

 **If YES, please give details:-**

 **Date** ……………………………...

 **From whom?** ……………………………...

 **Amount £** ……………………………

 **Date** ……………………………...

 **From whom?** ……………………………...

 **Amount £** ……………………………

**15. Total funds raised to date for this project £** ………………………

**16. Please give details of any Reserve Funds allocated to this project**

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 …………………………………………………………………………………..

**SECTION B**

**PLEASE COMPLETE THIS SECTION IF YOUR APPLICATION IS FOR A GRANT OR DONATION TOWARDS DAY TO DAY RUNNING EXPENSES (QUESTIONS 17 – 22)**

**17. Are you seeking a charitable grant or donation towards a specific aspect of your organisation’s day to day expenses e.g. staffing costs, equipment provision etc.?**

 **YES / NO**

**18. If YES, please provide details**

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**19. What is the amount of the grant or donation you are seeking?**

 **£** ………………..

**20. Have you previously received or applied for a grant from ATC?**

 **YES / NO**

 **If YES, please give details:-**

 **Date** ……………………………

 **Amount £** ………………………….

**21. Have you received or been promised any grant assistance from any other source towards this expenditure?**

 **YES / NO**

 **If YES, please give details:-**

 **Date** ……………………………...

 **From whom?** ……………………………...

 **Amount £** ……………………………

 **Date** ……………………………...

 **From whom?** ……………………………...

 **Amount £** ……………………………

**22. If YES, to what level do you receive funding in each financial year**

 **£ …………… per annum**

**SECTION C**

**TO BE COMPLETED BY ALL APPLICANTS (QUESTIONS 23 – 28)**

**23. Please give details of your own fund raising efforts**

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**24. Total funds raised in last financial year £** ………………………

**25. If the answer to Question 4 above is YES, do you receive funding from that organisation YES / NO**

 **If YES, how much do you receive each year £** …………………..

**26. All applications must be accompanied by the following financial information. If you do not supply this information your application will not be considered unless agreed in writing by the Council.**

* A copy of your latest approved statement of income and expenditure or other financial report which indicates your financial position or;
* Photocopy of bank statements covering the past six months
* A statement of your capital assets, if any

If you are unable to supply this information, please contact the Town Clerk for advice before submitting this application.

**27. Please add any further information in support of your application**

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**28. Who should cheques be made payable to?**

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 **Please Note –** Cheques will **not** be made payable to private individuals

If an organisation or community group is awarded a grant from the Arundel Town Council, recognition must be made in any consequent publicity.

The ATC logo will be sent for use on publicity material, website or social media.

**DECLARATION**

I declare that I have answered all questions fully and truthfully. I also declare that any grant or donation made will be used solely for the purpose(s) outlined in this application. I understand that Arundel Town Council reserves the right to reclaim the grant or donation in the event of it not being used for the purpose specified.

**Signed** ……………………………….. **Date** ………………

**Name**  ……………………………………………………………………

**Position** ……………………………………………………………………