



| ABOUT YOUR ORGANISATION. | |
|--|----------|
| Name of applicant organisation: | |
| Organisation registered address: | |
| Is your organisation a charity? | Yes / No |
| Charity registration number: | |
| IF not registered as a charity please state if this is excepted by the Charities Commission? | |
| Contact name: | |
| Contact phone number: | |
| Contact email address: | |
| PROJECT / EVENT / ACTIVITY / EQUIPMENT | |
| Project / Event Name: | |
| Location of Project / Event: | |
| Start Date: | |
| Completion Date: | |
| Total Cost of project / event / activity: | £ |
| Grant funding request: | £ |
| Description of the project / event / activity: | |
| What evidence of need for the project can you provide us with? | |



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|---|--|
| Which groups of people will the project benefit in Andover? | |
| How many people are likely to benefit (please estimate for each group mentioned above) | |

SPENDING AND COSTS

Please give a breakdown of the costs of your project:

(please continue on a separate sheet if necessary)

| Item | Cost | VAT | Total |
|-----------------------------|----------|----------|----------|
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| | | | |
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| | | | |
| | | | |
| Total project costs: | £ | £ | £ |

RISK AND INSURANCE

| | |
|--|-------------------------------------|
| Is your project a physical event? | Yes / No. |
| Public Liability Insurers Name: | |
| Insurance Policy number: | |
| Insurance Expiry Date: | |
| Public Liability Cover amount: | |
| Are any permissions / consents or licences required: | Yes / No. |
| Other documents to be included in application: | Please tick below to show included: |
| Risk Assessment for project / event / activity: | |
| Copy of permissions / consents / licences: | |
| Copy of safeguarding policy: | |
| Copy of DBS certificates for 2 Trustees / volunteers: | |
| Copy of site plan: | |
| Copy of your organisation's Constitution: | |

Version: 2 Committee Date of Approval: **TBC**
 Full Council Date of Approval: **TBC**

Minute no.: **TBC**
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**OTHER FUNDING:**

Have you applied for funding in respect of this project to any other organisation (including Local Authorities)? Please give details of to whom and for how much.

| Other fund givers: | Amount applied for: | Award or expected award date: |
|---|---------------------|-------------------------------|
| National Lottery: | | |
| Hampshire County Council | | |
| Test Valley Borough Council | | |
| Town or Parish Council | | |
| Which Town or Parish Council you have applied to: | | |
| Other: | | |
| Other: | | |

DECLARATION:

This grant application should be signed by two members of your Organisation's Committee, one of whom must be the Chairman, Honorary Secretary or Honorary Treasurer.

We hereby certify that:

1. The information supplied in this application is correct to the best of our knowledge.
2. Any grant awarded by the Council will be spent only for the purpose for which it was given.
3. We agree to the conditions as stated in the Andover Town Council Grants Policy.

| Name: | Title: | Signature: | Date: |
|-------|--------|------------|-------|
| | | | |
| | | | |

FINANCIAL POSITION AND PAYMENTS

| | | | | |
|---|-----------------|------------------|---------------|---------------------|
| When are the last certified and approved accounts of the organisation made up to: | | | | |
| Please tick to show that the set of accounts are included in the application: | | | | |
| What is the last annual expenditure of your organisation: | | | | |
| How many bank accounts does the organisation hold? | | | | |
| Bank name(s): | Account no. | Current balance: | Date: | Statement Included? |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| (please use extra paper if necessary) | Total balances: | | | |
| Please send a copy of the latest statement for each account with your application. | | | | |
| If your application is successful, please advise which bank account you would like the grant paid to: | | | | |
| Bank name: | Sort Code: | Account no.: | Account name: | |
| | | | | |

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MAKING YOUR APPLICATION.

Please double check you have completed the form in its entirety, and included all the supporting documents. Failure to complete the form before the cut-off date will result in rejection of the application.

Please then return the form to:

**Andover Town Council,
Office 108, Incuhive Andover, Chantry House, 38 Chantry Way, Andover Hampshire, SP10 1LS.**

OR

Electronic copies to: **office@andovertc.co.uk**

OTHER INFORMATION

If you would like to add any further information to your application, please do so here:

POLICIES OR PROCESSES TO BE READ IN CONJUNCTION WITH THIS DOCUMENT

- | | |
|---|--|
| <ul style="list-style-type: none">• Privacy Statement• Publication Scheme• Terms of Reference for C&E Working Group | <ul style="list-style-type: none">• Grant Application Procedure• Grants Policy. |
|---|--|

FURTHER ASSISTANCE

For details of our full Privacy Policy, please refer to www.andover-tc.gov.uk.

Alternatively, you may write to us at Andover Town Council, 38 Chantry Way, Chantry House, Andover, Hampshire, SP10 1LS.