

**1. ABOUT YOUR ORGANISATION - ELIGIBILITY**

Name of applicant organisation:			
Organisation registered address:			
Contact name:			
Contact phone number:			
Contact email address:			
Please tick where relevant	Yes	No	
a. We are a voluntary organisation and run by unpaid volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
b. We are a club / society / not for profit organisation / PTA	<input type="checkbox"/>	<input type="checkbox"/>	
c. We are apolitical (not primarily a political organisation)	<input type="checkbox"/>	<input type="checkbox"/>	
d. We are a charity / Charitable Incorporated Organisation. (CIO)	<input type="checkbox"/>	<input type="checkbox"/>	
IF the above answer is Yes, please write your registration number.			
e. We hold a bank account in the organisation's name which requires 2 signatories to make payments.	<input type="checkbox"/>	<input type="checkbox"/>	
f. We can demonstrate that the organisation is responsibly managed with clearly defined aims and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Our organisation is open to everyone to join.	<input type="checkbox"/>	<input type="checkbox"/>	

2. PROJECT / EVENT / ACTIVITY / EQUIPMENT

Project / Event Name:			
Location of Project / Event:			
Start Date:			
Estimated Completion Date:			



Please can you description of the project / event / activity as fully as possible:		
What evidence of need for the project, activity, event, equipment or service can you provide us with?		
Which groups of people will the project benefit in Andover?		
How many people are likely to benefit (please estimate for each group mentioned above)		
How have you arrived at this number of estimated beneficiaries?		
Can you evidence that over 75% of the people benefitting will live in the Town?		
We confirm that our application:	YES	NO
a. Will, or may, benefit children or vulnerable adults?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is less than 75% of the project amount	<input type="checkbox"/>	<input type="checkbox"/>
c. Will give benefit to everyone and be compliant with The Equalities Act 2010.	<input type="checkbox"/>	<input type="checkbox"/>
d. Is not to solely benefit an individual or family.	<input type="checkbox"/>	<input type="checkbox"/>
e. Will benefit people of all faiths.	<input type="checkbox"/>	<input type="checkbox"/>
f. Will not cover running costs of our organisation	<input type="checkbox"/>	<input type="checkbox"/>
g. Is not retrospective. We are applying before purchasing items / holding event.	<input type="checkbox"/>	<input type="checkbox"/>
h. Is only made for the reasons specified.	<input type="checkbox"/>	<input type="checkbox"/>
i. Is not for costs that can be covered by other means.	<input type="checkbox"/>	<input type="checkbox"/>

**3. SPENDING AND COSTS**

Total Cost of project / event / activity:	£		
Grant funding request:	£		
Our yearly running costs are:	£		
Our financial reserves are:	£		
Please give a breakdown of the costs of your project:	(please continue on a separate sheet if necessary)		
Item	Cost	VAT	Total
1.			
2.			
3.			
4.			
5.			
6.			
Total project costs:	£	£	£

4. 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:	£		
Previous Applications / Awards: Have you applied for a grant application OR been awarded a grant from Andover Town Council since the beginning of this Council's Financial Year? (1st April.) Please give details below:			
Previous Application date:	Project Description	Award Given	
		£	
		£	
		£	
		£	
5. FINANCIAL POSITION AND PAYMENTS			
When are the last certified and approved accounts of the organisation made up to:			
What is the last annual expenditure of your organisation:		£	
How many bank accounts does the organisation hold?			
BANK ACCOUNTS HELD:			
Bank name:	Account no.:	Date:	Balance:
If your application is successful, please write the bank account that your grant should be paid into:			
Bank name:	Beneficiary:	Sort Code:	Account no.:

**6. DOCUMENTATION**

Documents included in the application:	Yes	No
Safeguarding policy.	<input type="checkbox"/>	<input type="checkbox"/>
Current Public Liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>
Bank Statements for the last three months. (All bank accounts)	<input type="checkbox"/>	<input type="checkbox"/>
Proof bank account requires 2 signatories.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Constitution or Organisation's governing document.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of a blank membership application form.	<input type="checkbox"/>	<input type="checkbox"/>
Last audited annual accounts as approved by the organisation.	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment for either: use of the item to be funded, or the event to be held.	<input type="checkbox"/>	<input type="checkbox"/>

7. RISK AND INSURANCE

Other permissions to be considered	Yes	No
Is your project a physical event?	<input type="checkbox"/>	<input type="checkbox"/>
Has your current insurer been advised?	<input type="checkbox"/>	<input type="checkbox"/>
Are any other permissions / consents or licences required:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of permissions / consents / licences are included:	<input type="checkbox"/>	<input type="checkbox"/>



8. 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.
4. Two Trustees/Volunteers are DBS checked if the application relates to an activity which will, or may, benefit children or vulnerable adults.

Name:	Title:	Signature:	Date:

MAKING YOUR APPLICATION.

Please double check you have completed the form and included all required 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 use a separate sheet, and indicate here if you have done so:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

POLICIES OR PROCESSES TO BE READ IN CONJUNCTION WITH THIS DOCUMENT

Privacy Statement
Publication Scheme

Grants Policy.
Terms of Reference for C&E Working Group