**How to use this form:** this form can be printed and completed by hand, or can be filled in electronically. Please try to keep your answers as short as possible, to fit into the boxes.

|  |  |
| --- | --- |
| Name of Applicant Organisation |  |
| Name of the person makingthe application on behalf of the Organisation & the address of the Organisation |  |
| Position held in Organisation |  |
| Telephone |  |
| Email |  |
| Project Location |  |
| Is this organization a registered Charity Y/N If yes, please provide the Registration No. |  |
| If No, State which type of Organisation  |  |
| Bank detailsIf you are successful, our preferred payment method is via BACS.  | Bank name: Sort Code: Account Number: Bank Address: |
| Have you received a grant from this Council in the last 2 years? If so, for how much and what was it for? |  |

|  |  |
| --- | --- |
| What are the aims of your organisation? |  |

**Financial information**

|  |  |
| --- | --- |
| What is the ***total*** cost for the project/activity?You may wish to include a budget breakdown where appropriate. |  |
| Item | Cost£ | VAT£ | TOTAL£ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL PROJECT COSTS** | **£** |  |  |
| What is the amount of grant requested from Andover Town Council? |  |
|  | *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. (Please continue on a separate sheet if necessary)* |  |
|  | **Amount applied for**  | **Outcome of application or state when outcome will be known** |
|  **Hampshire County Council** |  |  |
|  **Test Valley Borough Council** |  |  |
|  **Town or Parish Council** |  |  |
|  (Please state which Town or Parish Council) ……………………………………………………… |
|  **National Lottery**  |  |  |
|  (Please state which fund) …………………………………………………. |
| **Other (please provide details)** |  |  |

**Grant Proposal**

**Description of Activity** – Please provide a brief description of the activities to be funded by the proposed grant.

(500 words maximum)

**Details of Activity** – Please provide additional details in support of your application, including why the grant is needed.

|  |
| --- |
| 1 a) Approximately, how many Youths in Andover will this project benefit?  |
|  b) How many people are involved in decision-making and ownership of this project?  |
|  c) Will your project encourage more Andover Youths to get involved?  |
|  If so, how?  |
|   |
| 2. Are you partnering with other Andover groups and, if not, could you consider doing so? |
|   |
| 3. We want to know how you will be sure your project is successful. What will you be measuring and how will you measure it? |
|   |
| 4. Will your project continue after this grant is spent? If so, how will it be funded? |
|   |
| **Please provide the following information:**  |
|  | **Please tick** |
| * A location plan or site plan, if applicable
 |  |
|  |  |
| * Copy of organization’s latest certified accounts
 |  |
|  |  |
| * Copy of constitution or set of rules
 |  |
|  |  |
| * Evidence of any permissions or consents
 |  |

|  |
| --- |
| **Your financial Situation**All application must be accompanied by the following financial information. **If you do not supply this information your application will not be considered.*** A copy of your latest approved statement of income and expenditure or other financial report which indicates your financial position
* Photocopy of bank statements covering the last year
* A statement of your capital assets if any.
 |

**Declaration**

|  |
| --- |
| We confirm that all the information contained within this application is true and accurate to thebest of our knowledge and belief, and that we are authorised to submit this application on behalf of the group. We have read and agree to abide by the terms and conditions. We confirm that any grant awarded by The Council will be spent only on the purpose in which it was given.(Please click/tick box to agree) [ ]  |
| We have provided copies of the following necessary documents (as detailed above) to support the application (please click/tick as appropriate):* A copy of your latest approved statement of income and expenditure or other financial report which indicates your financial position
* Photocopy of bank statements covering the last year
* A statement of your capital assets if any.

NB. Scanned copies are acceptable if you submit your application by email. **Applications will not be taken to committee without all these supporting documents** |
| Signature 1 (person submitting form)Signature 2 (Chair or senior representative of the organisation)**Typed entries acceptable for email applications** |  |
| Date:  |

Please return your completed application form to:

Please return the form to:

Community Officer \*address tbc\*

Andover Town Council

Telephone No: 01264 335592

OR

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

Please refer to the Grants Guidelines when completing this application.

All sections of this form must be completed. Failure to complete the form will result in rejection of the application.

Applicants are advised that this form and the information contained in it will be included as part of the Town Council’s public records.

**FOR OFFICE USE ONLY**

**Date received………………**

**Grant awarded……………..**

**Amount……………………...**