



Royal Sutton Coldfield Town Council

Community Grants Application Form Central Grant Scheme For Grants between £10,000 and £20,000

A: THE ORGANISATION

1. Organisation Name:

Type of organisation:

- Registered Charity
- Constituted "not for profit" community/voluntary group
- Faith Based Organisation
- Social Enterprise e.g. Community Interest Group
- Sports Club
- School

Other (please specify)

Briefly describe your organisation:

How many members/users you have, if you charge a subscription fee and the usual activities/services you provide. If you are a new organisation please describe the activities/services you plan to provide.

2. Please provide details of the main contact at the organisation:

Name:

Position held at the organisation:

Address for correspondance:

Telephone:

Email Address:

Web address:
(if applicable)

3. Your organisation's bank details/building society account details:

Name on account:

Sort Code:

Account Number:

Building Society
Roll Number:

I can confirm that a minimum of two people are authorised signatories on the organisation's bank account YES NO

Signature of one of the signatories:

B: THE PROJECT

1. Project Name:

2. How much are you applying for?

3. What is the overall cost of the project or activity?

4. Is your project for:

A Community Plan Project

A Social Inclusion Project

4.1. If it is a Community Plan project please state which area the plan covers.

4.2. What priorities from the community plan does your project support?

4.3. If a social inclusion project, what objectives/ need does your project support?

5. The need for the grant must be supported by community consultation. Please give details.



6. Please describe the project you are seeking funding for:

Please include a project plan if available or additional information if necessary, on a separate sheet.



7. Please advise of any other organisations you have asked to support your project and indicate whether any funding has been committed by these organisations.

8. How do you intend to deliver the project?

9. When is the project expected to start and finish?

10. Who will benefit from the project?

(e.g. older residents, young people, those seeking employment)

11 . Please outline the difference your service or activity will make to local residents?

12. In which ward/s is your project located?
(Town Council officers can help you with this if you do not know the name of your ward.)

13. Project Costs

A breakdown of how the grant will be spent / what items or equipment will be purchased?

Item	Cost
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
Total (This should match the total provided in B3)	£

14. What is your current source of funding?

For example subscriptions, donations, sponsorship, fundraising, grants etc.

15. Please provide the following details from your most recent annual accounts

Total Income	£
Less Total Expenditure	£
Surplus/Loss	£
Savings (reserves/cash/investments)	£

Please attach a copy of your most recent (audited) accounts with your application. If you are a new organisation please include a projected income and expenditure report for the next 12 months.

C: SUPPORTING DOCUMENTS

1. Do you have a Constitution or Memorandum of Association?

YES NO

2. Do you have a Safeguarding policy?

YES NO

Projects working with children, young people or vulnerable adults must have a safe guarding policy. If you don't have a safeguarding policy or relevant DBS checks in place you can still apply for funding but you will be required to put these in place before any grant is awarded.

3. What other policies and procedures do you have?

Health and Safety Policy Yes No

Equal Opportunities Policy Yes No

In confirming that you have these policies you are satisfied that they meet recognised standards of best practice, if you are working towards any of these policies, they must be in place before the grant is paid.

4. You must have Public Liability Insurance (minimum of £5 million cover). Please supply evidence of this with your application.

5. What other insurance cover does your organisation have?

Employers' liability Yes No Not applicable

Professional indemnity Yes No Not applicable

Other Yes No Not applicable

Please enclose a copy of your constitution and public liability insurance with your application.

D: PUBLICITY

You must fully acknowledge the support of the Town Council in your own publicity. You are also expected to include a quote from the Town Council and official logo on any online and printed materials. On social media, please tag the Town Council appropriately (@RoyalSuttonColdfieldTownCouncil on Facebook and @RoyalSutColTC on Twitter). The Town Council will also issue its own communications about your grant. You should provide your logo, a quote and a photograph to enable us to do that.

E: DECLARATION

- I am authorised and eligible to sign and approve this application on behalf of the organisation and declare that the information provided in this application is true and accurate.
- I understand that the information provided will be used to assess this application and subsequently to monitor and evaluate the service funded by the grant.
- I certify that all the particulars given in this form are correct and that any grant money received from Royal Sutton Coldfield Town Council will be used for the purposes stated in this form. The Town Council reserves the right to reclaim any grant not used for the purposes stated on this form.
- I understand that the grant applied for must be spent within 12 months of the grant being awarded, and that any grant provided will not be provided on an ongoing basis in future years.

Signature one – to be completed by a senior member of your organisation

Name:

Signature:

Date:

Position in organisation:

Signature two – to be completed by the person filling in the application (must be different to the above).

Name:

Signature:

Date:

Position in organisation:

DATA PROTECTION: Some of the information provided by you will be held on a database. This information will be used by Royal Sutton Coldfield Town Council only, treated confidentially and used only for communications with you. To view our full Privacy Notice please visit: www.suttoncoldfieldtowncouncil.gov.uk

F: CHECKLIST

Please check the following is completed and enclosed with your application:

- All the questions have been answered
- All signatures have been completed
- A copy of your constitution is enclosed
- A copy of your (audited) accounts is enclosed
- A copy of your Public Liability Insurance is enclosed
- Any other relevant information or policies

Please submit your completed application form and additional information to:
enquiries@suttoncoldfieldtowncouncil.gov.uk

or post to:

Royal Sutton Coldfield Town Council
AFE Business Centre
62 Anchorage Road
Sutton Coldfield
B74 2PG

Tel: 0121 663 1765

The Town Council wants to support local groups who serve the community in Sutton Coldfield. If you have any queries or require assistance to complete this form please contact the office using the details above.