



Grant Application

NAME OF ORGANISATION		Membership
Official / Registered Address of the Organisation		
Address to which correspondence should be sent if different from above		
Contact details of the person completing this application		
Contact name		
Position held		
Daytime telephone number		
Email address		
When was your organisation established		
What is the legal status of your organisation?		please tick one of the following
a) unregistered voluntary or community organisation		<input type="checkbox"/>
b) registered Charity in England or Wales		<input type="checkbox"/>
c) waiting to be registered as a Charity		<input type="checkbox"/>
d) Other, please state		<input type="checkbox"/>
Registered Charity No (if applicable)		
PROJECT		
Project Description		

Project Background

Project Benefits in relation to Somerton , it's residents and visitors

Total cost of project

£

Grant request total

£

EQUAL OPPORTUNITIES

Equal Opportunities seek to help all people receive fair and equitable access to the services our organisations provide. The Council has a legal duty to promote equality whether on grounds or race, disability, age, gender and other grounds where good relations and the elimination of discrimination can increase opportunities.

Does your organisation have an equal opportunities policy?

If **yes**, please enclose a copy.

Yes

No

FINANCIAL INFORMATION

You must include a copy / extract of your organisation's latest annual accounts with this application

If your accounts show a one off or accumulated surplus, please state how much and what you plan to spend it on

If your organisation has financial reserves, for what purpose are they held?

If your reserves or surplus are more than the amount of grant you want, please explain why you are making this application. Say if the reserves or surplus are to fulfil statutory responsibilities

Please attach an additional sheet(s) (if required) to include any other supporting information in respect of this application.

DECLARATION

Please read the following declaration carefully and sign it. The conditions will apply to you if your application for a grant is successful.

I accept the following conditions will be attached to any funding received.

All the organisation's promotional material will acknowledge the support of Somerton Town Council. If the Council logo is to appear on your literature assistance on correct usage can be obtained from the Town Council on 01458 272236.

Signed.....

Name

Position within organisation.....

Date

Somerton Town Council is a data controller under the Data Protection Act. We hold information for the purposes specified in our nomination to the Information Commissioner and may use this information for a any of them. We may get information about you and others, or we may give information to them. If we do it will only be as the laws permits, to check the accuracy of information, prevent fraud or detect crime or to protect public funds.

If you application is successful payment will be made via BACS. Please provide Bank Account details for the applying organisation:

Account Name:.....Bank /Build Soc.....

Bank Account No.....Sort Code.....

Please send your completed application form together with:-

- Equal Opportunities Statement
- Annual Accounts Statement

To The Town Clerk, Somerton Town Council, Edgar Hall, 8 Cary Court, Somerton, Somerset TA11 6SB.

APPLICATIONS FOR GRANTS WILL BE CONSIDERED AT THE FULL COUNCIL MEETINGS. PLEASE SUBMIT YOUR APPLICATION A MINIMUM OF 3 WEEKS PRIOR TO THE DATE OF THE MEETING.