|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Address for correspondence** |  |
| **Contact name** |  |
| **Position in organisation** |  |
| **Telephone No.** |  |
| **Email address** |  |
| **Payee details** The name on the bank account to which any grant payment should be made.  |  |
| **Sort Code** **Account Number** |  |
| **Declaration and data protection statement** *The declaration below must be signed by an authorised representatives of the organisation*  | **Agreed** |
| We confirm that the organisation named in this form has authorised us to sign this application on their behalf. |[ ]
| The information in this application is correct to the best of our knowledge. |[ ]
| Any grant funding received will be used solely for the purposes specified in this application or returned to Cinderford Town Council. |[ ]
| Any grant that remains unspent at the end of the project will be returned to Cinderford Town Council. |[ ]
| Any proceeds from the project will be reinvested in the project  |[ ]
| We agree to our names and details of our organisation being held in paper and electronic files and Cinderford Council detailing the grant being awarded |[ ]
| **Signature** |  |
| **Name** |  |
| **Position in organisation** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Main purpose/activities of your organisation** |  |
| **How is your organisation constituted?** | [ ]  Registered Charity No……………[ ]  Charitable Incorporated Organisation[ ]  Community/Voluntary Group[ ]  Not-for-profit limited company[ ]  Community Interest Company[ ]  Other (please explain) |
| **What would the grant be used for?** |  |
| **How would it benefit Cinderford?** |  |
| **Total cost of Project** |  |
| **Total amount of grant requested** |  |
| **Are you applying to other organisations for funding?****If so, who and when will you hear back?** |  |
| **Please provide estimates/costings to support the application** |  |
| **If the grant is for an event when will it take place?**  |  |
| **CHECKLIST****I confirm that:** | **Yes/No/ N/A** |
| I can attach a copy of our latest accounts, including a breakdown of salary costs if requested |  |
| I can attach a copy of our governing document/constitution if requested |  |
| I can confirm we have a safeguarding policy (only required for projects working with children, young people or vulnerable adults) |  |

Please submit completed form to Clerk@cinderfordtowncouncil.gov.uk or post to the Town Council Offices.