|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:Clerk@cinderfordtowncouncil.gov.uk) or post to the Town Council Offices.