**­­**

**Northampton Town**

**Council**

**Community Grants Scheme**

**Application for a General Community Grant**



**Office Use Only**

Received

Validated

Committee Date

*Please ensure this form is filled in completely and ensure you have read the Community Grants Policy.*

*This scheme provides grants benefitting a greater area than one of the Council’s Wards. You must ensure you have read the Community Grants Policy. It is recommended your application is submitted in advance of the deadline to ensure the Town Clerk can validate it and ensure any missing information is provided.*

To start a new line in a text box, press SHIFT and ENTER together.

**Privacy:** Your name, position, email address and address will be disclosed to the committee when considering the application. All other information on this form will be made publicly available via the Town Council website as part of the agenda for the committee meeting. -------------------------------------------------------------------------------------------------------------------------

**CONTACT INFORMATION**  **NAME**Click here to enter text.

**POSITION IN ORGANISATION** Click here to enter text.

**E-MAIL ADDRESS** Click here to enter text.

**ADDRESS** Click here to enter text. **ABOUT YOUR ORGANISATION**

**NAME OF ORGANISATION** Click here to enter text.

 **ORGANISATION TYPE** Community Organisation **[[1]](#footnote-1)** [ ] RegisteredCharity[ ] CIC[ ]

**DO YOU HAVE A CONSTITUTION OR GOVERNING DOCUMENT?**  Yes[ ] No[ ]

**WHAT ARE THE AIMS AND OBJECTIVES OF YOUR ORGANISATION?**

Click here to enter text.

**PLEASE PROVIDE DETAILS OF YOUR ORGANISATION’S MEMBERSHIP***This should include the geographical area your members are drawn from etc.*

Click here to enter text.

**HOW IS YOUR ORGANISATION MANAGED?**

Click here to enter text.

**HOW MANY PEOPLE ARE INVOLVED IN YOUR ORGANISATION?**

**TRUSTEES / COMMITTEEE MEMBERS** Click here to enter text.

**STAFF** Click here to enter text.

 **ABOUT YOUR PROJECT**

**TOTAL PROJECT COST £** Click here to enter text.

**CONTRIBUTION FROM OTHER SOURCES £** Click here to enter text.

**TOTAL REQUESTED FROM TOWN COUNCIL £** Click here to enter text.

**PLEASE DETAIL THE CONTRIBUTIONS FROM OTHER SOURCES** *This would include grants from other bodies, use of own funds etc*

Click here to enter text.

**PLEASE DETAIL ANY NON-FINANCIAL ‘IN KIND’ SUPPORT YOU HAVE FOR YOUR PROJECT***This would include time given by volunteers, donations of goods/services etc*

Click here to enter text.

**DOES THIS PROJECT INVOLVE COLLABORATION WITH OTHER ORGANISATIONS? PLEASE DETAIL THEIR INVOLVEMENT**

Click here to enter text.

**Project Details**

*Please explain what activities you plan to do for your project?*
Click here to enter text.

**Project Start Date**

*When do you plan to start delivering your project?*
Click here to enter text.

**What is the duration of your project?***Is it a one-off event or is a long-term project that aims to be delivered across multiple sessions?*
Click here to enter text.

**Where will your project take place?***Which area(s) of Northampton will your project be held?*
Click here to enter text.

**How have you identified the need for this project?***Tell us about the data, evidence or learning (e.g. from previous projects) that is relevant to your project.*
Click here to enter text.

**Who will benefit from this project?***Tell us how many people you expect to engage with, their ages and their demographic.*
Click here to enter text.

 **PLEASE SET OUT WHAT OUTCOMES YOU BELIEVE YOUR PROJECT WILL ACHEIVE**
Click here to enter text.

**HOW WILL THE GRANT BE SPENT?***Please be as detailed as possible. The sum of the items should match the amount requested from the Town Council. For any expenditure on a single item over £500 you must demonstrate that best value has been sought, normally by submitting quotations.*

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |

 **IF THE COUNCIL IS UNABLE TO FUND YOUR PROJECT WHAT WOULD THE IMPACT BE?**Click here to enter text.

**DO YOU HAVE SUITABLE PUBLIC LIABILITY INSURANCE TO COVER YOUR PROJECT** Yes[ ] No[ ]

**ADDITIONAL INFORMATION***Please provide any information relating to your project that you believe the Town Council should be aware of. Please also provide an explanation of any expenditure that you feel is not self-explanatory.*

 Click here to enter text.

**Please provide all the banking details below. If the bank account name is incorrect, we may not be able to make grant payments if your application is successful.**

|  |  |
| --- | --- |
| **Bank Account Name** |  |
| **Bank Account Sort Code** |  |
| **Bank Account Number** |  |

1. Includes any not-for-profit body that is not a Registered Charity or CIC. [↑](#footnote-ref-1)