



# Faversham Town Council COMMUNITY GRANTS APPLICATION

The Town Council wants to help local Groups who serve the community in Faversham.  
If you need assistance to complete this form please contact the office using the details on page 6

<b>Project Name</b>	
<b>Grant Amount Requested</b>	£

<b>Organisation Name</b>	
<b>Organisation Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Contact Name</b>	
<b>Position Held in Organisation</b>	

## 1. About the project you are planning

<b>1.1. What do you plan to do with the Community Grant funding you are seeking?</b>

**1.2. How have you identified this need?**

**1.3. How will you measure the success of your project?**

**1.4. What positive legacy will your project leave for future residents of Faversham?**

**2. Project Funding and Costs**

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

<b>Organisation Name</b>	<b>£</b>	<b>Status - Approved / Awaiting Decision or other support (non-financial)</b>
	£	
	£	
	£	

	£	
<b>Total - Other Funding Requested</b>	£	
<b>Total - Community Grant Funding Requested</b>	£	Should be the same figure provided on page 1
<b>Total funding required for your project</b>	£	

**2.2. Please provide a breakdown of your project's costs. Please note that this should be a breakdown of your total project costs**

<b>Expenditure (eg Equipment, Transport etc)</b>	<b>£</b>
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
<b>Total Project Costs</b> This should match the Total funding required for your project, above.	£

**2.3. If the Town Council makes an offer less than the amount requested, how will the project cover the shortfall?**

**2.4. What plans do you have in place to ensure that your organisation is not reliant on grant funding in the future?**

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**3. About your organisation**

3.1. What type of organisation are you?		Please tick the relevant category:	
Registered Charity	<input type="checkbox"/>	Registration Number:	
Voluntary Organisation	<input type="checkbox"/>		
Limited Company	<input type="checkbox"/>	Company Number:	
Community Group	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please Specify:	

**3.2. Briefly describe your organisation.** Describe your organisation, how many members/users you have, if you charge subscription fees and the usual activities/services you provide. If you are a new organisation please describe the activities/services you plan to provide.

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**3.3. Do you have a Constitution or Memorandum of Association?** Please state which and include a copy with your application.

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**3.4. What are your current sources of funding?** For example subscriptions, donations, sponsorship, fundraising, grants etc.

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**3.5. Projects working with children, young people or vulnerable adults must have a safeguarding 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.

**Do you have a safeguarding policy?**

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**Do your Staff/Volunteers have valid DBS checks?**

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**3.6. Depending on the nature of your project, you may require public liability insurance.**

**Do you have public liability insurance?**

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

<b>Total Income</b>	£
<b>Less Total Expenditure</b>	£
<b>Surplus / Loss</b>	£
<b>Savings (Reserves, Cash, Investments)</b>	£

**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.**

**3.8. Any Other Information.** Please provide any other information which you consider to be relevant to your application.

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**4. Declarations**

**4.1. To be completed by a senior member of your organisation**

I confirm that I am authorised to sign this declaration and that to the best of my knowledge and belief, all replies are true and accurate.	
<b>Name</b>	
<b>Post Held</b>	
<b>Signature</b>	

**4.2. To be completed by the person completing the application (must be different to above)**

I confirm that I am authorised to sign this declaration and that to the best of my knowledge and belief, all replies are true and accurate.	
<b>Name</b>	
<b>Post Held</b>	
<b>Signature</b>	

**5. Checklist**

- Have you answered every question?**
- have all signatures been completed?**
- Have you included a copy of your constitution?**
- Have you included a copy of you accounts?**
- Have you included any other relevant policies?**

Please submit your completed Application Form and Additional Documents to:  
louise.bareham@favershamtowncouncil.gov.uk

or post to:

Faversham Town Council  
12 Market Place  
Faversham  
Kent ME13 7AE