

## Faversham Town Council YOUTH GRANTS APPLICATION 2025

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

Faversham Town Council has £30,000 to invest in activities for young people who live in Faversham. The Town Council would like to see new and additional activities, ideally with a strong youth work element to help support young people's mental and social wellbeing, as well as provide a fun activity for them to take part in.			
Project Name			
Grant Amount Requested	£		
Organisation Name			
Organisation Address			
Telephone Number			
Email Address			
Contact Name			
Position Held in Organisation			

1.1. What do you plan to do with the Youth Grant funding you are seeking?
1.2. How have you identified this need?
1.2. How have you luchdhed this need:
1.3. How many young people in Faversham will benefit from this project and how will
ver measure its access?
you measure its success?
1.4 How will this project benefit the young people of Faversham?
The state of the s

1. About the project you are planning

1.5 Does your project provide something which is not currently available for young people in the town?		
2. Project Funding and Cost	ts	
Zi i Tojooti alianig alia coo.		
2.1 Please advise of any of	her organisations	you have asked to support your project and
		litted by these organisations.
Organisation Name	£	<b>Status -</b> Approved / Awaiting Decision or other support (non-financial)
	£	
	£	
	£	
	£	
Total - Other Funding Requested	£	
Total - Community Grant Funding Requested	£	Should be the same figure provided on page 1
Total funding required for your project	£	
2.2. Please provide a breakd breakdown of your total pro		ect's costs. Please note that this should be a
Expenditure (eg Equipment,	, Transport etc)	£
		£
		£
		£
		£
		£

	£
	£
	£
	£
<b>Total Project Costs</b> This should match the funding required for your project, above.	• Total £
2.3. If the Town Council makes an offective cover the shortfall?	er less than the amount requested, how will the project
	to ensure that your organisation is not reliant on grant
2.4. What plans do you have in place funding in the future?	to ensure that your organisation is not reliant on grant
	to ensure that your organisation is not reliant on grant
	to ensure that your organisation is not reliant on grant
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	to ensure that your organisation is not reliant on grant
funding in the future?	to ensure that your organisation is not reliant on grant
	to ensure that your organisation is not reliant on grant
funding in the future?	to ensure that your organisation is not reliant on grant
funding in the future?	
3. About your organisation	
3. About your organisation  3.1. What type of organisation are you	ı? Please tick the relevant category:
3. About your organisation  3.1. What type of organisation are you Registered Charity	ı? Please tick the relevant category:
3. About your organisation  3.1. What type of organisation are you Registered Charity  Voluntary Organisation	J? Please tick the relevant category:  Registration Number:
3. About your organisation  3.1. What type of organisation are you Registered Charity  Voluntary Organisation  Limited Company	J? Please tick the relevant category:  Registration Number:

<b>3.2. Briefly describe your organisation.</b> Do you charge subscription fees and the usual activities describe the activities/services you plan to provide.				
describe the detivities/services yet plan to provide.				
3.3. Do you have a Constitution or Memo a copy with your application.	orandum	of Associa	tion?	Please state which and include
<b>3.4. What are your current sources of fur</b> fundraising, grants etc.	nding?	For example	subscrip	otions, donations, sponsorship,
<u> </u>				
3.5. Projects working with children, youn	na neonl	e or vulner:	hle ad	ults must have a
safeguarding policy. If you don't have a safe	•			
for funding but you will be required to put these in pla				, , , , , , , , , , , , , , , , , , , ,
Do you have a safeguarding				
policy?				
Do your Staff/Volunteers have				
valid DBS checks?				
3.6. Depending on the nature of your pro	oject, you	ı may requi	re publ	lic liability insurance.
Do you have public liability				
insurance?				
3.7. Please provide the following details	from vo	ur most rec	ent anr	nual accounts.
The state of the s				
Total Income				£
Total modific				~
Less Total Expenditure				£
Owner II and				
Surplus / Loss				£
Savings (Reserves, Cash, Investments)				£
Javings (Neserves, Jasii, ilivestillellis)			~	

	please include a projected income and expenditure report for the next 12
3.8. Any Other Informapplication.	rmation. Please provide any other information which you consider to be relevant to your
4. Declarations	
4. Decidiations	
4.1. To be complete	d by a senior member of your organisation
I confirm that I am au belief, all replies are	ithorised to sign this declaration and that to the best of my knowledge and true and accurate.
Name	
Post Held	
Signature	
4.2. To be complete above)	d by the person completing the application (must be different to
I confirm that I am au belief, all replies are	ithorised to sign this declaration and that to the best of my knowledge and true and accurate.
Name	
Post Held	
Signature	

## 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 your 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
ME13 7AE

Applications for grants opens on Wednesday  $6^{\text{th}}$  August and closes at midnight on Tuesday  $30^{\text{th}}$  September 2025