AUDLEY RURAL PARISH COUNCIL

GRANT APPLICATION FORM Sec. 137

(Local Government Act 1972)

Please complete this form to apply for a grant from Audley Rural Parish Council. If you require assistance or if there is anything that you do not understand you can contact the Parish Council Clerk, who will be happy to help. Completed application forms and all relevant documents (*see page 6*) must be returned at least 10 days before the next meeting to the Parish Clerk - Clare Withington, The Croft, Barthomley Road, Audley, Staffs ST7 8HU - who will submit your application to the Council on your behalf. You may send your application electronically by email. Dates of the next meetings are available on the Parish Council website - https://audleyparishcouncil.org/meetings/

PLEASE RETAIN A COPY OF YOUR APPLICATION

| Webs | ite: | | |
|-----------------------|----------------------|--------|--|
| Post of Telep | ode: hone number: | Email: | |
| Addre | ess: | | |
| Name of Organisation: | | | |
| Q1 | Contact Details | | |

The main contact person should be someone from your organisation who can discuss the application. Please give a second contact in case the main contact is unavailable. Audley Rural Parish Council will retain the contact details you provide solely for the purpose of processing your grant application and information will be disposed of in line with the retention policy.

| | Main contact person | Second contact person |
|--|---------------------|-----------------------|
| Name | | |
| Position | | |
| Telephone Number (if different from above) | | |
| Contact email | | |
| Best time to contact | | |

| Q2 - | What type of organisation are you? (Please tick | | |
|------|---|--|-----------|
| | Registered Charity - Number: | | |
| | Not for profit Company - Number: | | |
| | Community Interest Company - Number: | | |
| | Community Group/Club/Society | | |
| | Other (<i>Please explain</i>) | | |
| | | | |
| Q3 - | When did your organisation start? Please give dat | e:(dd/mm/year) | |
| Q4 - | What does your ORGANISATION do (its overall a | im or mission)? | |
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| | | Continue on a separate sheet if necessa | ry |
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| Q5 - | Please describe how your organisation involves p | people who use the service or the community | |
| Q5 - | Please describe how your organisation involves pyou serve in planning your work? | eople who use the service or the community | |
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| | | Continue on a separate sheet if necessa | ry |
| | you serve in planning your work? | Continue on a separate sheet if necessa | ry |
| | you serve in planning your work? How many people are involved in running your o | Continue on a separate sheet if necessa | ry |
| Q6 - | How many people are involved in running your of Management committee members Part Time Staff | Continue on a separate sheet if necessarganisation? Full Time Staff | ry |
| Q6 - | How many people are involved in running your of Management committee members | Continue on a separate sheet if necessarganisation? Full Time Staff | ry |

| Q8 - Describe your project or service | |
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| Please tell us what you will do with the funding you are applying for. | |
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| | Continue on a congrate cheet if necessary |
| | Continue on a separate sheet if necessary |
| Q9 - Why is the project or service needed? | |
| (Please outline the need for the project or service.) | |
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| | Continue on a separate sheet if necessary |
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| 040 144 1 14 14 14 1 1 2 | |
| Q10 - What will be achieved/what are the outcomes? | |
| Q10 - What will be achieved/what are the outcomes? (Tell us what changes, benefits or other effects you expect to happen as | a result of this project or activity.) |
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| Q12 - How will your group continue after the proposed funding for this project has finished? | | | | | | |
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| | | | Continue oi | n a separate sheet if I | necessary | |
| What is the timescale for your project or servi | ce? | | | , , | • | |
| Start Finish | | Ongoing (please tick) | | | | |
| Q13 - How much will your project or service of | cost in to | otal? | | £ | | |
| Q14 - If you are applying to other sources for have given an example) | funding | this project, p | lease fill | out the table belo | w (we | |
| Source | Tick ho | ere (if already 1) | | Amount (£) | | |
| Eg: National lottery EXAMPLE | | Ý | | £1,500 | | |
| | | | | | | |
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| Q15 - Please provide a breakdown of the total budget showing how the funding from Audley Rural Parish Council would be used: | | | | | | |
| Item | | Total Cost | £ Ar | mount requested from Rural Parish Coun | | |
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| Total | | | | | | |
| Total: | | £ | £ | | | |
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Grant payments are made by CHEQUE or BACS.

| Organisation's Bank Details: | | | |
|---|---|--|--|
| Name and address of Bank/Building Society | | | |
| Account Name (name payment should be made to) | | | |
| Account Number | Sort Code | | |
| Name of Signatories 1 | | | |
| 2 | | | |
| 3 years? | d funding from Audley Rural Parish Council in the last ly and will not influence the outcome of your application.) NO | | |
| Q18 - Has your organisation or any of its officer investigation. (If yes please provide further details on a sepa | rs been subject to any formal complaints or | | |
| YES | NO | | |
| • • | tion on behalf of the above organisation. | | |
| 2. I certify that the information contains a lift the information in this application | • • | | |
| 3. If the information in this application changes in any way I will immediately inform the Clerk of Audley Rural Parish Council. | | | |
| 4. I give permission for Audley Rural Parish Council to record and retain the details of my organisation electronically and to contact my organisation by phone, mail or email for any further information regarding this application, should this be necessary. | | | |
| 5. I agree to allow the Parish Council t in any of their publicity and website | to mention the organisation and grant awarded | | |

Date:

Signed:



Tick each box as per below (and include with your application): ☐ A signed copy of your latest annual accounts ☐ A signed copy of your constitution or set of rules Copies of written estimates or catalogue pages, if you are applying for a grant to purchase equipment. A photocopy of one bank statement from the last 3 months Names and addresses of all management committee members, with cheque signatories identified. Depending on the nature of your project or activity, we would expect you to send us additional documents if relevant: Child Protection or vulnerable adult protection policy (if you are working with these groups) Health and Safety Policy ☐ Equal Opportunities Policy Statement Well done - you've finished. Good luck with your application! For Council Use: Date of application received:..... Application number..... Date of submission to Council..... Full amount approved? Yes Part amount approved? How much? £ Yes No Reasons for refusal or part refusal: