

**BISHOP AUCKLAND TOWN COUNCIL
COMMUNITY FUND
APPLICATION FORM**

SECTION 1 - ABOUT YOUR ORGANISATION

1.1 Name of Organisation

1.2 Address

(Including Postcode)

Give full name as it appears on your governing documents

1.4 Is your organisation:-

a. a registered charity?

Yes

No

If yes please give Charity Number:

b. a company limited by guarantee?

Yes

No

If yes please give Company No

c. a branch of a larger organisation?

Yes

No

If yes please name organisation

d. VAT registered?

Yes

No

If yes please give VAT No

e. Does your organisation have a bank account requiring 2 or more signatories?

Yes

No

f. Account name

Tick as appropriate and give relevant information

Your parent organisation may have legal responsibility if we give you a grant

If VAT registered, the amount of funding will be not include the cost of recoverable VAT.

If successful, your payment will be made to this account.

Please give month and year

1.5 When was your organisation set up?

1.6 How many people are on your Governing Body or Management Committee?

1.7 The Town Council has limited resources for grants and would therefore normally only provide funding for organisation that fall in the following categories

a. A new group/organisation that would bring direct benefit to the Town and its inhabitants.

b. Existing groups/organisation that would bring direct benefit to the Town and its inhabitants. That are experiencing financial hardship

c. Existing groups/organisation wishing to set up a new project that would bring a direct benefit to the Town and its inhabitants.

Please tick the most appropriate box.

1.8 If your organisation does not fit into one of the categories above, but feel there are special circumstances why the Council should provide funding for your project, please explain these below

If you have not ticked one of the boxes in 7.1, please explain the special circumstances that the Town Council should be aware of when considering whether to support your application

1.9 Who is the main contact for this application?

Name

Position in Organisation

Address

(Including Postcode)

Telephone:

Email

This must be the person that submits the application. They should be someone from the organisation, over 18 years old and authorised to make the application

A business address must be used where your organisation has one.

SECTION 2 - ABOUT YOUR PROJECT

2.1 Briefly describe your project

Tell us what you will do with the grant.

BE SPECIFIC about what you will do, how you will do it and what you would spend the grant on.

2.2 How will this benefit Bishop Auckland Town Council area and / or its residents?

Tell us how your project will benefit the Town and /or residents

2.3 How many people living in the Town Council area will benefit from your project?

2.4 When will the project take place?

Start date End date

Are these dates flexible? Yes No

Applications will be considered in **June** and **December** each year.

SECTION 3 – COST OF YOUR PROJECT

3.1 Provide all costs associated with your project

Item or Activity	Cost	VAT	Total	Amount Requested
Total				

List all individual items or activities that make up your project.

Make sure costs are accurate and based on quotations where possible.

You should not include any VAT you can reclaim in the amount requested column. The maximum grant awarded is £500.

If your application is successful you will be required to present paid invoices before a grant payment is made

3.2 Have you applied for a funding for this project from any other source?

Yes No If yes, please provide details

Organisation	Amount Applied for:	Amount Granted (if known)	Not yet known

We will need to know if you have asked or been given funds from other sources to help fund your project

SECTION 4 – SUPPORTING INFORMATION

4.1 Does your organisation have:-

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| a. Public Liability Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Leaders Qualification? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Affiliation to a governing body? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Other relevant insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide details if you answer yes to any of these questions

4.2 Give details if you answered yes to any of the above

4.3 Does your project involve work with children under the age of 18 or vulnerable adults?

Yes No If yes, please answer the following questions

- | | | |
|--|------------------------------|-----------------------------|
| a. Does your group have safeguarding policies and procedures that are appropriate to your organisation's work and the project you are asking us to fund and do you review these regularly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do all staff and volunteers have a CRB check at least every 3 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you carry out rigorous recruitment and selection for staff and volunteers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

It is your responsibility to have appropriate safeguarding policies and procedures in place. We may ask to inspect these.

SECTION 5 – DOCUMENTS INCLUDED

*** I confirm I have included the following documents in support of this application:**

Please Tick

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | • Most recent income and expenditure account | |
| <input type="checkbox"/> | • Current bank statement | |
| <input type="checkbox"/> | • Constitution or rules of organisation | |

*** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

SECTION 6 – DECLARATION

I certify that I have completed this form to the best of my knowledge and the information contained therein is correct.

I have read and understood the terms and conditions and agree to them.

Signed _____ Date _____

Name (print) _____

This form, together with your supporting documentation should be returned to:

Bishop Auckland Town Council, 54 Kingsway, Bishop Auckland, DL14 7JF
council@bishopauckland-tc.gov.uk Tel: 01388 207110

Customer Notice

We have recently updated our terms and conditions for all our services, including making some important updates to our privacy notices. To find out more about how we collect, use, share and retain your personal data, visit: <http://bishopauckland-tc.gov.uk/legal-information/privacy-statement/>