BISHOP AUCKLAND TOWN COUNCIL COMMUNITY FUND APPLICATION FORM

1.2 Address (Including Postcode) 1.4 Is your organisation: a. a registered charity? If yes please give Charity Number: b. a company limited by guarantee? If yes please give Company No C. a branch of a larger organisation? If yes please ame organisation? If yes please ame organisation d. VAT registered? Yes No HAT registered amount of funding will be not include the cost of recoverable VAT. C. Does your organisation have a bank account requiring 2 or more signatories? If. Account name 1.5 When was your organisation hat was bank account requiring 2 or more signatories? If. 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. c. Existing groups/organisation wishing to set up a new project that would bring a direct benefit to the Town and its inhabitants. 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 to one of the categories above, but feel there are special circumstances why the Council should provide funding for your project, please explain these special circumstances when considering when	SEC.	TION 1 - ABOUT YOUR ORGANISATION	
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your application	1.8	circumstances why the Council should provide funding for your project, please explain these	7.1, please explain the special circumstances that the Town Council should be aware of when considering whether to support

1.9	Who is the main contact for	or this application?	This must be the person that submits
	Name		the application. They
	Position in Organisation		should be someone from the
	Address		organisation, over 18 years old and
	(Including Postcode)		authorised to make
			the application
			A business address
	Telephone:		must be used where your organisation has
	Email		one.
SEC	TION 2 - ABOUT YOUR PRO	OJECT	
2.1	Briefly describe your pro		Tell us what you will
2.1	briefly describe your pro	ject	do with the grant.
			BE SPECIFIC about
			what you will do, how you will do it
			and what you would spend the grant on.
			special and granit and

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 man	w no	onle living	in the	Tow	n Council are	a wi	II honofi	t from w	our i	aroject?	-	
2.3	now man	y pe	opie livilig	111 (110	IOWI	i councii are	a wi	ii bellell	t iroiii y	Jui į	oroject:	1	
2.4	When wil	l the	project ta	ke pla	ice?							,	Applications will be considered in June
	Start date	<u>;</u>				End da	te						and December each
	Are these	date	s flexible?		Yes		No	,]				year.
SECT	ΓΙΟΝ 3 – CO	ST O	E VOLIR D	POIE	CT								
3.1						unuai a at							List all individual
3.1	Provide all	costs	associate	d WIL	n your	project					Amount	1	items or activities
		Item	or Activity			Cost		VAT	Tota	I	Requested		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
	Total												paid invoices before a grant payment is
3.2													
	Yes No If yes, please provide details												
									1	We will need to know			
	Organisation				Amount		Amount Granted		No	Not yet known		if you have asked or been given funds	
		6	,			Applied fo	r:		iown)		,		from other sources
													to help fund your
													project

SECT	TION 4 – SUPPORTING INFORMATION	
4.1	Does your organisation have:-	Please provide
	a. Public Liability Insurance? Yes No	details if you answer yes to any of these questions
	b. Leaders Qualification? Yes No	questions
	c. Affiliation to a governing body? Yes No	
	d. Other relevant insurance? Yes No	
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? b. Do all staff and volunteers have a CRB check at least every 3 Yes No years? c. Do you carry out rigorous recruitment and selection for staff and volunteers?	It is your responsibility to have appropriate safeguarding policies and procedures in place. We may ask to inspect these.
SECT	TION 5 – DOCUMENTS INCLUDED	
	* I confirm I have included the following documents in support of this application:	Please Tick
	Most recent income and expenditure account	
	Current bank statement	
	Constitution or rules of organisation	
	* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	
SECT	TION 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

<u>Customer Notice</u>
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/