

COMMUNITY GRANT APPLICATION FORM

ABOUT YOUR ORGANISATION

Name of organisation	
When was your organisation formed?	
Is your organisation a registered charity?	
Is your organisation part of, or affiliated to, any national organisation?	
How many members does your group have? Please give details of membership fees if applicable.	
Briefly describe the aims and objectives of your organisation including details of events, services, projects, and activities currently provided. If you are new, describe what you plan to provide.	

ABOUT YOUR PROJECT, EVENT, OR ACTIVITY

Project	Start Date	/ /
	Finish Date	/ /
	Total Cost	£
	Grant Applied For Please note the maximum is £500	£
If you are not applying for the full amount, please specify where the remaining funds will come from.		

Describe the project, event, or activity for which you require a grant: Please be specific about what you will achieve and how you will achieve it.	
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If the money requested only forms a part of the overall cost, what would this grant be specifically spent on in the context of the project or activity?	
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Please explain how you have identified a need in the community for this project, event or activity and what difference a grant will make.	
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If applicable, what is the demographic of those people who would benefit? (e.g. youth, older adults, disabled people)	
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Approximately how many people will benefit in Wells? Please be as specific as possible.	
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Please list any supplementary information in support of your application (for example additional literature, leaflets or a recent annual report).	
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FINANCIAL INFORMATION

Please provide a breakdown of your costs, detailing how each aspect of the grant would be spent if your grant application is successful.

Description		Amount requested from Wells City Council
Not supported: Ordinary or regular staff salary costs (although hiring in an external specialist is acceptable if the benefit to residents can be demonstrated); general appeals	Total Cost	
	£	£
	£	£

	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Total	£	£

Have you received a Wells City Council grant within the previous two years?	Amount £
	Year:

Are you seeking funding support from any other organisation? Examples include other Authorities, local supermarkets, businesses and other national and local organisations.

Organisation approached	Purpose	Amount approved
		£
		£
		£
Total		£

Are you seeking Match Funding?	
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If applicable, please give details of your fundraising efforts and how much has been raised towards the cost of the project, event, or activity:

Type of activity	Amount raised	Amount still to raise
	£	£
	£	£
	£	£
	£	£
	£	£
Total	£	£

If your organisation has financial reserves, for what purpose are they held?

Amount	Purpose
£	
£	
£	

GENERAL DATA PROTECTION REGULATIONS

In order to comply with General Data Protection Regulations, this document will be used by council staff for the sole purpose of contacting the applicant about the application and any subsequent award; any personal details contained therein will be redacted where appropriate. Please confirm by signing the box below that you give consent to Wells City Council to retain your details for this purpose. For further information about how Wells City Council uses your personal data, including your rights as a data subject, please see our Data Protection Policy which can be found on our website.

I give consent to Wells City Council storing the personal data below for the purpose of processing this application and any subsequent award.	Signed: Dated:
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Name of organisation	
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Name of applicant	
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Position held in the organisation	
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Contact address	
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Contact telephone number	
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Email address	
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If your organisation is awarded a grant, where shall the grant funds be sent?	Payable to: Bank Name: Account Number: Sort Code:
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APPLICATION CHECK LIST

All questions have been answered accurately.	☐
You have been clear on the amount of grant required and provided a detailed breakdown of costs.	☐
You have included the organisation's latest full set of accounts (income and expenditure) or the organisation's latest bank statement and are prepared to provide the organisation's comprehensive budget and/or business plan if required.	☐
You have included a copy of relevant insurance policies, where applicable.	☐
You are aware of the dates of the meetings and have submitted this application more than three weeks in advance of the meeting at which you would like your application to be considered.	☐
You have signed the declaration on the last page of your application.	☐

DECLARATION

I declare that:

I have read and accepted the policy and conditions of funding and have answered all questions fully and truthfully. I also declare that any grant made will be used solely for the purpose outlined in this application.

I understand that:

- Wells City Council may ask for additional information at any stage in the application process.
- If the grant application is successful, I will be required to provide details of proof of purchase / how the grant funding was used on the feedback form. Failure to do so may harm future applications to Wells City Council.
- The Finance Committee may reduce the final amount awarded to me if they don't agree to fund an item on my application, this may be due to lack of support for the item or availability of funds.
- If the grant is only partially used it is my responsibility to return these unallocated funds to Wells City Council and cannot be used for any unspecified items.
- Wells City Council reserves the right to reclaim the grant in the event of it not being used for the purpose specified.
- I must provide positive recognition to the City Council through publicity and promotions, and I am encouraged to invite the Mayor where possible to visit my project, event or activity.
- Details of this application will be made public in the agenda and reports for Finance Committee. Private and sensitive data, such as contact information and bank details, will not be disclosed to the public, however Committee members may request and be shown items such as bank statements, insurance details, etc.

Signature:

Name:

Date: