

Berwick Town Council

Small Grant Application Form



Please complete all sections, providing as much detail as possible. If necessary, continue on separate sheets, indicating clearly which part of the form the continuation relates to. Failure to complete the form may delay your application and may lead to its refusal. Applications for Town Council grants are discussed in public meetings and parts of this application form will be included in an appendix circulated with the meeting agenda; information you provide in Sections 3 and 4 will normally be public, while personal and bank information provided in sections 1 and 2 will be kept confidential.

Any problems, please contact the Town Council Office on 01289 302391, Email: projects@berwick-tc.gov.uk

Send your completed application to: Berwick Town Council, Unit 1, 82-88 Marygate, Berwick-upon-Tweed, TD15 1BN or by e-mail to info@berwick-tc.gov.uk. Please keep a copy of the completed form for your own records.

Section 1: Contact Details

Address for correspondence:

Contact People – someone from your organisation who can discuss the application.
Please provide a second name in case the first is unavailable.

| | |
|---------------------------|---------------------------|
| Name 1: | Name 2: |
| Position in Organisation: | Position in Organisation: |
| Telephone: | Telephone: |
| Email address: | Email address: |

Section 2: Financial Details

Name of Organisation's Bank Account:

Bank / Building Society:

Account Number:

Sort Code:

Please provide a copy of a recent (within the last 3 months) bank statement and balance sheet for your last completed financial year.

Section 3: About Your Organisation

Name of Organisation:

What type of organisation are you? (please tick)

Registered Charity

Unregistered community group/Club/Society

Other (please state)

Do you have a set of rules or a constitution? (please tick)
(please supply a copy if this is your first application to BTC)

Yes

No

Where does your organisation work? (please tick)

Just in the Berwick, Tweedmouth
and/or Spittal area

Regionally in the North East
and/or Southern Scotland

Throughout Northumberland

Nationally

For the most recent financial year please state:

Income:

Expenditure:

Year End Balance:

What does your organisation do:

How many people take part in your activities each year?

How many people are involved in your organisation? (Committee, volunteers, paid staff)

Section 4: Your Project

Describe your project (Continue on a separate sheet as necessary; include any drawings or plans of your project that will help explain what it is about)

Why is it needed? (include details of any research you have carried out to identify the need 2and describe any specific benefits for the people of Berwick, Tweedmouth and Spittal)

How will you measure the success of your project?

What is the total Cost of your project?

PLEASE PROVIDE A PROJECT BUDGET

Have you asked any other organisation for help to fund the project?

Yes

No

If yes, please give details below

| Organisation | Amount requested | Outcome |
|--------------|------------------|---------|
| | | |
| | | |
| | | |
| | | |

Section 4: Your Project (Continued)

What will the Town Council grant be used for?

Here you should list either individual items you want the Town Council to help pay for e.g. Toilets or insurance or areas of expenditure you want help with e.g. printing or publicity. Do not provide a list of unrelated items and a single cost for them all.

| Item | Cost | Purchase or hire? | Town Council contribution |
|---|------|-------------------|---------------------------|
| | | | |
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| Total requested from the Town Council This amount must not exceed £2500 | | | |

How will you publicise the Town Council's assistance (for example at the event and/or in publicity or other material)

What will happen if you are not given funding at this time?

Declaration

I, the undersigned, declare that:

1. I am authorised to make the application on behalf of the applicant organisation.
2. I certify that the information contained in this application is correct.
3. If the information in the application changes in any way I will inform Berwick Town Council.
4. I understand that any grant may only be paid when confirmation of specific expenditure, e.g. an invoice, is available.
5. I give permission for the Town Council to record the details of my organisation electronically.
and to contact my organisation by phone, mail or email with information about its activities and about funding opportunities.
6. I undertake to supply Berwick-upon-Tweed Town Council with a report on how all funds were spent within six months of receiving any grant.
7. I undertake to retain all receipts and invoices relating to the project as evidence of expenditure, and to make these available for inspection if required.
8. I understand that Berwick Town Council reserves the right to recover any amounts given in the event that the conditions the grant is made under are not fulfilled or the organisation ceases to exist.

Signed

On behalf of

Name (please print) Date

Please keep a copy of this application.

Please note that any grant will only be paid when copies of any licenses, permissions etc. related to the project, such as licences for drink or entertainment or permissions for road closures or planning, are provided to Berwick Town Council.

Checklist

Please enclose the following with your application:

- Constitution or set of rules
- Latest annual accounts or balance sheet
- Copy of a bank statement (less than 3 months old)
- Equal Opportunity Policy (if applicable)
- Child protection or Vulnerable Adult Policy (if applicable)
- Copies of written estimates/quotes for any building or other work
- Copies of catalogue pages/quotes for any equipment purchase or hire