

KNUTSFORD TOWN COUNCIL



COMMUNITY GRANT APPLICATION FORM

Name of Organisation:

1. Contact Details

1.1 Address of Organisation:

1.2 Contact Name(s)/Position(s):

1.3 Contact Telephone Number(s):

1.4 Email address:

2. Organisation /Club Profile

2.1. Applicant Aims and Objectives (Mission Statement).

Please detail you aims and objectives. Please include in this details of how your organisation will seek to meet the selection criteria and in particular provide benefits to the residents of Knutsford.

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2.2 Is the Organisation a registered charity or intending to apply for charitable status?

Yes Intending to Register No

2.3 Charity Registration Number:

2.4 If Your organisation is not a registered charity please indicate which of the following applies to you:

Voluntary Organisation
Community Group
Not-for-profit organisation
Social Enterprise

2.5 Please give details of your membership and the geographical area the Organisation covers/draws its membership from.

2.6 Is membership restricted in anyway?

2.7 Background information about the Organisation
(Please supply any leaflets/brochures/etc)

3. Previous funding

3.1 Has your organisation made a previous application for support in the previous 18 months?

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3.2 Please State: Date

4. Your Project or Event

4.1 Please give full details of how the grant would be used. Please give detail of the grant you are requesting. Please itemise the costs in terms of project/ event expenditure or items that would be purchased. *Please include quotes for items where applicable.*

4.2 If the funding is for an event and you make a profit, please indicate how this will be used:

4.3 Please state how it will benefit the Knutsford Community as detailed in the guidance notes.

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4.4 Have you, or do you intend to apply for grant support from any other source?

Yes

No

4.5 Please attach a breakdown of anticipated sources of funds.

4.6 If a grant were forthcoming, would the Organisation be prepared to perform/contribute at/to a Knutsford Town Council organised function? Please give details:

5. Monitoring

5.1 Events: Please identify the age categories of people you expect to benefit from your project / event.

Age Range	Current	Forecast
Children under 5		
Children 5 – 12		
Young people 13 – 25		
Adults 26 – 59		
Senior Citizens 60 & over		
All age groups		

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5.2 ACTIVITIES: how many people will benefit from your Organisations activities?

Age Range	Current	Forecast
Boys up to 10		
Girls up to 10		
Boys 11-16		
Girls 11-16		
Disabled Males		
Disabled Females		
Males from Black/ Minority/Ethnic/ Groups		
Females from Black/ Minority/Ethnic/ Groups		

6. Supporting Documentation attached (Please tick to indicate attachment)

	Tick
Breakdown of anticipated Funding attached	
Audited Accounts for the last 2 years	
Most Up to date balance sheet and statements if Start up Organisation	
Quotes for items	

7. Payment Details

Name to be inserted on cheque, if successful?

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8. Conditions to be reviewed at meeting

That the money is only to be spent as detailed on this application.

In the case of sponsorship, the event is promoted as being sponsored by Knutsford Town Council.

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Your must supply receipts/invoices photographs if requested on completion of the event.

I hereby certify that to the best of my knowledge all the information contained within this application is correct. I agree that the grant if awarded will only be spent as detailed in this application and I agree to the Conditions listed in Section 8 above.

Signed:..... Position in Organisation/Group

Date:.....

Please note completion of this form does not necessarily mean that a grant application will be successful in part or whole. The Town Council may wish to add additional conditions to any grant Offer.

Thank you for your time and effort in completing this form will assist the Council to consider your application on its merits.

Please return this form to:

Town Clerk
Knutsford Town Council
Council Offices
Toft Road
Knutsford
Cheshire, WA16 6TA

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