



ASPATRIA TOWN COUNCIL GRANT APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please complete this form as fully and clearly as possible. If you have any questions regarding this form, please contact **Kelly Cooper** on **07716766770**. Completed grant application forms should then be submitted to **Kelly Cooper, Town Clerk. PO Box 222, Wigton, CA7 7AW** or via email: **clerk@aspatria-tc.gov.uk**

1. Grants will only be made to charities, voluntary organisations or constituted groups for the benefit of the area covered by the Town Council and that will contribute positively to the life of people living, working and visiting the area of Aspatria.
2. Grants will not normally be made for ongoing running costs. Where an application is for running costs, the applicant should detail the plans to find future running costs from alternative sources. Where grants for running costs are made, no guarantee of future funding is implied.
3. The Town Council will only consider an application if accompanied by the required financial and organisational information, such as bank statements. **(These must be within the last three months.)**
4. The Town Council will only provide one grant per group or organisation in each financial year, unless clear, exceptional circumstances are demonstrated.
5. The Town Council will not make grant funding on a retrospective basis.
6. The Town Council will give preference to applicants who can demonstrate how one-off grant funding will lead to greater self-sufficiency and lessen the need for future applications.
7. Evidence of the use of the full grant amount for the agreed purpose must be provided to the Town Council within six months of the funding being transferred. **Should the evidence not be received the Town Council will request the return of the funds.** Where requested by the Town Council, grants will only be paid following receipt of appropriate invoices.

SECTION ONE: PERSONAL DETAILS. *TO BE COMPLETED BY THE APPLICANT*

Mr/Mrs/Miss/Ms/other

Full Name

Home address
Postcode
Telephone
Mobile
Email
Number of people in household

Should you be awarded a grant, please provide details of the cheque payee or the bank account into which you would like the grant to be paid.

Name of Payee	
Name of Bank	
Account Number	
Sort Code	

SECTION TWO: FUNDING REQUIREMENTS

Name/Address of organisation:

Contact name:

Contact telephone number:

Position in organisation:

Where does your organisation meet?

.....

How many members do you have?

.....

What is the total cost of your project? £.....

Briefly describe the project for which you require a grant.

How much funding are you applying for from Aspatria Town Council?

Please explain how the funding will be spent.

How will the funding benefit the community or residents of Aspatria?

Have you applied for any other funds/grants towards the cost of this project? Please include details below:

SECTION THREE: ACCEPTANCE OF CONDITIONS AND CHECKLIST

Please tick this box to confirm that the information provided is true and accurate and that you accept the conditions detailed above, and sign below, or type in your name and date if emailing this application.

Signatures:

Chair:

Secretary:

Treasurer:

Date