

Application Form



A. QUESTIONS ABOUT THE ORGANISATION

1. Name of the organisation:

Type of Organisation:

- Registered Charity
- Constituted 'not for profit' Community or Voluntary Group
- Parochial Church Council
- Social Enterprise e.g. Community Interest Company, Co-operative
- Village Hall or Recreation Ground Committee
- Sports Club
- Town or Parish Council (*see guidance*)
- School (*see guidance*)
- Other (*please specify*)

Charity registration number and/
or Company number if applicable

Website (if applicable)

2. Please provide details of the main contact at the organisation:

Name

Position held in organisation

Address for correspondence

Postcode

Telephone Number

Email Address

3. Your organisation's bank/building society account details

Name on Account

Sort Code

Account Number

Building Society Roll Number

I confirm that a minimum of two unrelated people must be aware of all transactions including cheques and online payments
 Yes No

B. QUESTIONS ABOUT THE PROJECT

Project name

How much are you applying for?

The overall cost of the project or activity

Are you awaiting confirmation of funding from other sources for this project?

Please describe the project that you are seeking funding for in no more than 500 words and attach any supporting information.
 You may want to cover:
 What you intend to do?
 How you intend to do it?
 When is the project expected to start and finish?
 Who and how many people will benefit?
 What benefit this project is to the community?

Budget details	Item	Cost
A breakdown of how the grant will be spent/ what items or equipment will be purchased?	<input type="text"/>	<input type="text"/>

C. SUPPORTING DOCUMENTS (see guidance notes page 13)

What policies and procedures does the organisation have?

Constitution / set of rules	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minimum requirement
Safeguarding Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Health & Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Equal Opportunities Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>

In confirming that you have these policies you are satisfied that they meet recognised standards of best practice, if you are working towards any policies, they must be in place before a grant can be given. Braintree District Council reserve the right to ask to view these policies at any time.

Which of the following insurance cover does the organisation hold?

Public Liability (minimum £5 million)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	minimum requirement
Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Other (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>

D. DECLARATION

Part A: For completion by Organisation

Declaration: I am authorised and eligible to sign and approve this application on behalf of the organisation and declare the information included in this application is true and accurate.

I understand that the information provided, will be used to assess this application and subsequently to monitor the services that the organisation has agreed to provide.

I understand that in the assessment of this application the Council may share information contained within it with other core funders, relevant Council directorates and committees.

I certify that all the particulars given in the form are correct and that any grant money received from Braintree District Council will be used for purposes stated in this form. The Council reserves the right to reclaim any grant not used for the purposes stated on this form.

I understand that the grant applied for must be spent within 6 months of the grant being awarded, and that any grant provided will not be provided on an ongoing basis in future years.

Name:

Signature: Date:

Position in organisation:

BRAINTREE DISTRICT COUNCIL IS A DATA CONTROLLER FOR THE PURPOSES OF DATA PROTECTION LEGISLATION. ALL PERSONAL INFORMATION IS HELD AND PROCESSED IN ACCORDANCE WITH THIS. PLEASE REFER TO OUR PRIVACY NOTICES PUBLISHED ON OUR WEBSITE AT WWW.BRAINTREE.GOV.UK/PRIVACY FOR DETAILS. PLEASE CONTACT US IF YOU NEED THE PRIVACY NOTICE IN AN ALTERNATIVE FORMAT.

Part B: For completion by the Ward Councillor

Amount of funding to be allocated from my Councillors' Community Grant Budget (£):

Declaration: I support this application on the condition that this application meets the Council's priorities and scheme guidelines.

I have a disclosable pecuniary interest I have a personal/ non-pecuniary interest

Details of declaration of interest if applicable (e.g. do you have a connection of any kind to the group or organisation applying for the grant) :

Name:

Signature: Date:

Only to be completed if the project is a joint project funded by more than one Councillor

Amount of funding to be allocated from my Councillors' Community Grants Scheme Budget (£):

Declaration: I support this application on the condition that this application meets the Council's priorities and scheme guidelines.

I have a disclosable pecuniary interest I have a personal/ non-pecuniary interest

Name:

Signature: Date:

Details of declaration of interest if applicable:

Only to be completed if the project is a joint project funded by more than one Councillor

Amount of funding to be allocated from my Councillors' Community Grants Scheme Budget (£):

Declaration: I support this application on the condition that this application meets the Councils priorities and scheme guidelines.

I have a disclosable pecuniary interest I have a personal/ non-pecuniary interest

Name:

Signature: Date:

Details of declaration of interest if applicable:

Only to be completed if the project is a joint project funded by more than one Councillor

Amount of funding to be allocated from my Councillors' Community Grants Scheme Budget (£):

Declaration: I support this application on the condition that this application meets the Councils priorities and scheme guidelines.

I have a disclosable pecuniary interest I have a personal/ non-pecuniary interest

Name:

Signature: Date:

Details of declaration of interest if applicable:
