**Multi-Year Support**

**Grant Application Form**

1. **Tell us about your organisation[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Contact Address:** |  |
| **Telephone Number:** |  |
| **E-mail:** |  |
| **Status of Organisation:****(delete as appropriate)** | Profit / Not for Profit / Charity / CompanyOther (specify): |
| **Charity/Company No.** **(if applicable)** |  |
| **How long has your****organisation been in****existence? (please** 🗹**)** | Less than 1 year |  |
| 1-5 years |  |
| More than 5 years |  |
| **What does your organisation do?** |  |

**2. Tell us what support you need**

|  |  |
| --- | --- |
| **Which one of the following five areas best fits your group’s area of interest?** | Sport Arts Health Environment Youth  |
| **Who will benefit from your activities??**(please tell us what groups will benefit and approximately how many people will benefit in total) |  |
| **What evidence do you have of local need/demand for your services?**(This might be survey work or statistical evidence) |  |
| **What support have you received ?**(Please tell us about any expressions of support you have received from outside your organisation) |  |
| **How will your service be delivered and how will success be monitored?** |  |
| **How will your organisation acknowledge the Town Council’s funding support?** |  |
| **Do you work with other Ledbury groups or would you be open to doing so in future?** |  |

**3. Tell us how you plan to fund your project**

|  |  |
| --- | --- |
| **Amount requested from Ledbury Town Council.** | **Year 1 £****Year 2 £****Year 3 £** |
| **Have you received a grant from Ledbury Town Council in the last 2 years? If so, how much and for what?** |  |

*Please list any applications you have made for funding from other organisations.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Contribution****Sought (£)** | **Applied**(please tick as appropriate) | **Granted**(please tick as appropriate) |
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**4. Further information provided in support of your application**

|  |  |  |
| --- | --- | --- |
| **Information** | **Enclosed**(please tick) | **Office Use Only**(Initial to confirm documentation complies with the requirement) |
| A copy of your organisation's most recent bank statement**(required)** |  |  |
| A copy of your constitution and list of appointed officers(or similar document showing the organisation's status) |  |  |
| A copy of your organisation’s committee and meeting structure  |  |  |
| A copy of your organisation’s latest set of accounting statements(if any exist) |  |  |
| Copies of any letters of support for your project |  |  |

**5. Declaration by the applicant**

**I/we declare that, to the best of my/our belief, the information given on this**

**application form and in any enclosed supporting document is correct.**

**I/we accept the following:**

1. **That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered.**
2. **That any grant offered will be used only for the purposes set out in this application.**
3. **That we will provide annual reports on project progress along with a copy of the annual report for our organisation.**
4. **That we will provide a grant closure report for the project within 3 months of the end of the funding period.**

**Should any grant offered not be used in accordance with the terms and**

**conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to Ledbury Town Council on demand.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name (s):** |  |
| **Date:** |  |

Please return completed form to:

Angela Price – Clerk to the Council

Town Council Offices

Church Street, Ledbury

Herefordshire HR8 1DH

Email: clerk@ledburytowncouncil.gov.uk

**Funding Request of more than £500**

**Grant Application Form**

**1. Tell us about your organisation[[2]](#footnote-2)**

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Contact Address:** |  |
| **Telephone Number:** |  |
| **E-mail:** |  |
| **Status of Organisation:****(delete as appropriate)** | Profit / Not for Profit / Charity / CompanyOther (specify): |
| **Charity/Company No.** **(if applicable)** |  |
| **How long has your****organisation been in****existence? (please** 🗹**)** | Less than 1 year |  |
| 1-5 years |  |
| More than 5 years |  |
| **What does your organisation do?** |  |

**2. Tell us what support you need**

|  |  |
| --- | --- |
| **Project title:** |  |
| **Project duration (mm/yy):** | Start: ………………... End: ………………... |
| **Which one of the following five areas best fits your group’s area of interest?** | Sport Arts Health Environment Youth  |
| **Who will benefit from the project?**(please tell us what groups will benefit and approximately how many people will benefit in total) |  |
| **What evidence do you have of local need/demand for the proposed project/activity?**(This might be survey work or statistical evidence) |  |
| **What support have you received for this project?**(Please tell us about any expressions of support you have received from outside your organisation) |  |
| **How will the project be managed and how will you measure its success?** |  |
| **Please give key milestones for your project, including approximate dates.** |  |
| **How will your organisation acknowledge the Town Council’s funding support?** |  |
| **Do you work with other Ledbury groups or would you be open to doing so in future?** |  |

**3. Tell us how you plan to fund your project**

|  |  |
| --- | --- |
| **What is the total cost of the project?** | **£** |
| **Amount requested from Ledbury Town Council.** | **£** |
| **Have you received a grant from Ledbury Town Council in the last 2 years? If so, how much and for what?** |  |

*Please list any applications you have made for funding from other organisations.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Contribution****Sought (£)** | **Applied**(please tick as appropriate) | **Granted**(please tick as appropriate) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**4. Further information provided in support of your application**

|  |  |  |
| --- | --- | --- |
| **Information** | **Enclosed**(please tick) | **Office Use Only**(Initial to confirm documentation complies with the requirement) |
| A copy of your organisation's most recent bank statement**(required)** |  |  |
| A copy of your constitution and list of appointed officers(or similar document showing the organisation's status) |  |  |
| A copy of your organisation’s latest set of accounting statements(if any exist) |  |  |
| Copies of any letters of support for your project |  |  |

**5. Declaration by the applicant**

**I/we declare that, to the best of my/our belief, the information given on this**

**application form and in any enclosed supporting document is correct.**

**I/we accept the following:**

1. **That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered.**
2. **That any grant offered will be used only for the purposes set out in this application.**
3. **That we will provide a grant closure report for the project within 3 months of the end of the funding period.**

**Should any grant offered not be used in accordance with the terms and**

**conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to Ledbury Town Council on demand.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name (s):** |  |
| **Date:** |  |

Please return completed form to:

Angela Price - Clerk to the Council

Town Council Offices

Church Street, Ledbury

Herefordshire HR8 1DH

Email: clerk@ledburytowncouncil.gov.uk

**Funding Request of £500 or less**

**Grant Application Form**

**1. Tell us about your organisation[[3]](#footnote-3)**

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Contact Address:** |  |
| **Telephone Number:** |  |
| **E-mail:** |  |
| **Status of Organisation:****(delete as appropriate)** | Profit / Not for Profit / Charity / CompanyOther (specify): |
| **Charity/Company No.** **(if applicable)** |  |
| **What does your organisation do?** |  |

**2. Tell us what support you need**

|  |  |
| --- | --- |
| **Project title:** |  |
| **Project duration (mm/yy):** | Start: ………………... End: ………………... |
| **Which one of the following five areas best fits your group’s area of interest?** | Sport Arts Health Environment Youth  |
| **What do you want to do, and why?** |  |
| **How will your project be helpful to Ledbury?** |  |
| **How will your organisation acknowledge the Town Council’s funding support?** |  |

**3. Tell us how you plan to fund your project**

|  |  |
| --- | --- |
| **What is the total cost of the project?** | **£** |
| **Amount requested from Ledbury Town Council.** | **£** |
| **Have you received a grant from Ledbury Town Council in the last 2 years? If so, how much and what for?** |  |

**4. Further information provided in support of your application**

|  |  |  |
| --- | --- | --- |
| **Information** | **Enclosed**(please tick) | **Office Use Only**(Initial to confirm documentation complies with the requirement) |
| A copy of your organisation's most recent bank statement**(required)** |  |  |
| Copies of any letters of support for your project |  |  |

**5. Declaration by the applicant**

**I/we declare that, to the best of my/our belief, the information given on this**

**application form and in any enclosed supporting document is correct.**

**I/we accept the following:**

1. **That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered.**
2. **That any grant offered will be used only for the purposes set out in this application.**
3. **That we will provide a grant closure letter within 3 months of the end of the funding period.**

**Should any grant offered not be used in accordance with the terms and**

**conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to Ledbury Town Council on demand.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name (s):** |  |
| **Date:** |  |

Please return completed form to:

Angela Price - Clerk to the Council

Town Council Offices

Church Street, Ledbury

Herefordshire HR8 1DH

Email: clerk@ledburytowncouncil.gov.uk

1. Data will be held in accordance with Ledbury Town Council’s data privacy policy a copy of which can be found on our website at the following link: <https://www.ledburytowncouncil.gov.uk/uploads/General-privacy-policy_V0.1.pdf> [↑](#footnote-ref-1)
2. 1 Data will be held in accordance with Ledbury Town Council’s data privacy policy a copy of which can be found on our website at the following link: <https://www.ledburytowncouncil.gov.uk/uploads/General-privacy-policy_V0.1.pdf> [↑](#footnote-ref-2)
3. 1 Data will be held in accordance with Ledbury Town Council’s data privacy policy a copy of which can be found on our website at the following link: <https://www.ledburytowncouncil.gov.uk/uploads/General-privacy-policy_V0.1.pdf> [↑](#footnote-ref-3)