

7 JUN 2018

LEDBURY TOWN COUNCIL**Grant Application Form****1. Your Organisation**

Contact Name:		
Position:		
Organisation:	JOHN MASEFIELD HIGH SCHOOL	
Contact Address:	MABELS FURLONG, LEDBURY, HEREFORDSHIRE HR8 2DH	
Telephone Number:	01531 631012	
E-mail:		
Status of Organisation:	JOHN MASEFIELD HIGH SCHOOL	
Charity/company number	Charity No: (if applicable) Company No: 07631985	
What geographical area does your organisation cover?	LEDBURY – SCHOOL CATCHMENT AREA	
How long has your organisation been in existence? (please <input checked="" type="checkbox"/>)	Less than one year	
	Between one and five years	
	More than five years	*
What are the aims and objectives of your organisation?	EDUCATION OF CHILDREN AGED 11-18	
What are the main activities of your organisation?	EDUCATION	

2. Your Project/Activity

Project title:	LIBRARY DEVELOPMENT
Description of project (please continue on a separate sheet if necessary)	PROMOTION OF READING FOR PLEASURE IN THE SCHOOL LIBRARY. IMPROVING THE LITERACY OF OUR STUDENTS. PROVISION OF HIGH QUALITY NON-FICTION BOOKS ON SUBJECTS STUDIED AT JMHS. WE WOULD EVALUATE AND PURCHASE THE BEST DEAL AT THE TIME ON THE BOOKS FROM OUR USUAL SUPPLIERS.
Where in Ledbury will the project/activity take place?	JOHN MASEFIELD HIGH SCHOOL
Who will benefit from the project? (please tell us what groups will benefit and approximately how many people will benefit in total)	ALL STUDENTS AND STAFF AT JOHN MASEFIELD HIGH SCHOOL
What evidence do you have of local need/demand for the proposed project/activity? (This might be survey work or statistical evidence)	SINCE OUR REFURBISHMENT AND RELOCATION OF THE SCHOOL LIBRARY WE HAVE SEEN A STEADY INCREASE IN THE USE OF THE LIBRARY FOR READING FOR PLEASURE AND USE FOR STUDY. WE WISH TO CONTINUE THIS BY KEEPINGTHE LIBRARY WELL STOCKED AND RELEVANT.
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?	THE BOOKS WILL BE AVAILABLE IN THE LIBRARY FOR ALL STUDENTS TO ACCESS.
Please give the timescale and key milestones for your project, including a start date and finish date.	WE WOULD PLAN TO ORDER THE BOOKS IMMEDIATELY UPON RECEIPT OF GRANT SHOULD WE BE SUCCESSFUL.

<p>Please explain how your organisation will acknowledge Ledbury Town Council's contribution.</p>	<p>PUBLICITY VIA OUR SCHOOL WEBSITE AND NEWSLETTER. WE WILL ALSO PROMOTE IT VIA THE LEDBURY REPORTER IF POSSIBLE.</p>
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3. How you will pay for your project.

<p>What is the total cost of the project?</p>	<p>£500.00</p>
<p>Amount requested from Ledbury Town Council.</p>	<p>£500.00</p>

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

<p>Organisation</p>	<p>Contribution Sought (£)</p>	<p>Applied (please tick as appropriate)</p>	<p>Granted (please tick as appropriate)</p>

4. Further information enclosed

<p>Information</p>	<p>Enclosed (please tick)</p>
<p>A copy of your organisation's most recent bank statement (mandatory)</p>	<p>ENCLOSED</p>
<p>A copy of your constitution (or similar document showing the organisation's status) and list of appointed officers</p>	
<p>A copy of your organisation's committee and meeting structure</p>	
<p>A copy of your organisation's latest set of accounting statements (if any exist)</p>	
<p>Copies of any letters of support for your project</p>	
<p>Other (please list below):</p>	

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:

- (i) That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered.**
- (ii) That any grant offered will be used only for the purposes set out in this application.**
- (iii) That we will provide reports on progress at the request of the Town Council.**

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:	2/5/2018

Please return your completed form to:

Mrs K Mitchell
Clerk to the Council
Town Council Offices
Church Street
Ledbury
Herefordshire
HR8 1DH

E-mail: admin@ledburytowncouncil.gov.uk


03 MAY 2018

JOHN MASEFIELDHIGH SCHOOL
AND SIXTH FORM CENTRESort Code 20-39-64
Account No 43891526

SWIFTBIC BUKBGB22

IBAN GB88 BUKB 2039 6443 8915 26

Issued on 27 April 2018



THE DIRECTORS
JOHN MASEFIELDHIGH SCHOOL AND
SIXTH FORM CENTRE
MABELS FURLONG
LEDBURY
HEREFORDSHIRE
HR8 2HF

Your Business Current Account

At a glance

Date	Description	Money out £	Money in £	Balance £
20 Apr	Start Balance			5,000.00

20 - 26 Apr 2018

Start balance	£5,000.00
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