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|  | **UPPINGHAM TOWN COUNCIL** | Town Clerk:Telephone:Email:Website:Twitter:Address: | Deborah Bettles01572 822681townclerk@uppinghamtowncouncil.co.ukuppinghamtowncouncil.gov.uk@UppinghamTCTown Hall, High Street East, Uppingham, Rutland LE15 9PY |

**Grant Aid Application Form**

**Part 1** – Information about you or your organisation:

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| --- | --- |
| Name of Organisation: |  |
| Name of Representative |  |
| Telephone Numbers: | Main -  | Mobile -  |
| Email Address: |  |
| Address of Organisation: |  |
| Address of Representative: |  |
| To whom should the grant aid cheque be made payable to? |  |

**Part 2** – What is your idea and reason for applying for grant aid funds from Uppingham Town Council?

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**Part 3** – Who in the community would benefit from your project and what difference would it make?

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**Part 4** – How will you know the project has been a success having used the money requested?

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**Part 5** – What is the total cost of your project or idea? (please enclose any quotes you have received)

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| Attached are quotes for: |

**Part 6** – How much are you applying for?

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**Part 7** – Have you applied for funding elsewhere and if so to please provide details?

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**Part 8** – Please give a description and breakdown of how you will spend the money including the date when it is needed?

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**Part 9** – If your application is unsuccessful do you have other funds available to ensure your project or idea progresses? Please give details.

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**Part 10** – You will need to supply the most recent set of accounts for your organisation including a balance sheet where available or applicable. Please state the date of the accounts and attach a copy.

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**Part 11** – Please confirm by attaching a letter of authority for this application to be made on behalf of the organisation or alternatively a set of formal minutes signed by the Chairman where a decision has been agreed to apply.

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| Please find attached: Approved minutes / letter or email of authority (delete as appropriate) |

**Part 12** – Please confirm the following information if you are sports club or organisation:

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| A | Does your organisation include participation by children under the age of 18? | Yes | No |
| B | If ‘yes’ to A above do you have a safeguarding policy in place and operational? (if so please attach a copy) | Yes | No |
| C | Does your organisation include participation by both able and disabled individuals? | Yes | No |

Part 13 – Please confirm the following:

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| A | Do you agree to allow members of council inspect the project for the grant aid monies have been applied for? | Yes | No |
| B | Do you agree to confirm that the funds have been used for the specific purposes set out in this application? | Yes | No |
| C | Do you consent to provide an update for the annual town meeting held in May each year if requested to do so? | Yes | No |

**Part 14** – Emergency funding application:

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| Please explain why this is an emergency funding application (only complete if this application needs to be granted outside of the months of May and November): |

Full Name: Signature:

Date:

Please return the form and enclose a set of accounts (if applicable) to:

Deborah Bettles, (Town Clerk)

Uppingham Town Council, 49 High Street East, Uppingham, Rutland LE15 9PY