

## Grant Application Form 2024-25

**Please complete the form clearly in black ink and BLOCK CAPITALS. Continue on another sheet of paper if necessary.**

<b>Q1. You or Your Organisation</b>	
Name of You/Organisation and location	
Summary of aims and objectives	
Age groups specifically catered for, if any	
Are you or the organisation a non-profit making body?	
Are you or the organisation a Registered Charity? If so please give registration number	
Are you registered for VAT?	
Number of members	
Number of members resident in South Woodham Ferrers	
Is membership restricted in any way? If so please specify	
Do you charge a membership fee or charge for access to your activities? Please give details	

**Q2. Details of Grant Applied For**

Purpose for which the grant is required:

Please give full details, including how the project meets a local need and there is community support for the project, evidence must be provided:

The project should improve and/or protect the social, environmental or economic well-being of the locality where the funding is being spent. How will residents of South Woodham Ferrers benefit?

Total cost of project	£
Fund request from the Town Council	£
Funds available from your/organisation's own resources	£

Funds granted from other bodies: (evidence must be supplied)	£	Pending/Agreed
Essex County Council	£	Pending/Agreed
Chelmsford City Council	£	Pending/Agreed
Fund Raising Organisations	£	Pending/Agreed
Private Sector	£	Pending/Agreed
Others (please specify)	£	Pending/Agreed
Do you receive any other financial contribution from the Town Council? If so, please provide the details		
Please give details of any fund raising event that you are undertaking for this project:		
<b>Please state if the grant is awarded how publication of the grant will be made: ie logo on uniform / equipment / press release etc</b>		

### Q3. Financial Information Required

Details of all costs. Please provide copies of appropriate estimates or price lists	Attached	Yes/No
Evidence that at least three estimates have been obtained for projects over £1,000	Attached	Yes/No/Not applicable
A copy of your year end audited accounts Please give reasons if not available	Attached	Yes/No/Not applicable
Please supply a budget for the event.	Attached	Yes/No/Not applicable

Name of person making application	
Address for correspondence	
Post code	
Daytime Telephone Number	
Email address	



#### Q4. Declaration

Please give details of a senior member of your organisation. For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. **(This must not be the main contact name in Q3.)**

*I confirm, on behalf of .....(insert name of organisation).*

*That I am authorised to sign this declaration on its behalf and that, to the best of knowledge and belief, all replies are true and accurate.*

*I confirm that I have read the Town Council's Grants Policy which accompanied this application and further confirm that this application is made on the basis that if successful, the organisation will be bound to use the grant for the purpose specified in this application and will have to comply with the Policy.*

Post held in organisation .....

Title..... First Name: ..... Surname: .....

Organisation address: .....

.....

..... Post Code: .....

Telephone: .....

Signed: ..... Date: .....

#### Q5. Signature of Person Completing the Application

This must be the signature of the person named in Q3 as the main contact and **not be the same person who has signed in Q4.**

*I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for additional information at any stage of the application process.*

Signed

Date

Please return your completed form to:

Town Clerk  
South Woodham Ferrers Town Council,  
Champions Manor Hall Community Centre,  
Hullbridge Road,  
South Woodham Ferrers,  
Essex CM3 5LJ

Email:  
[katkins@southwoodhamferrerstc.gov.uk](mailto:katkins@southwoodhamferrerstc.gov.uk)

We will acknowledge receipt of your application and let you know the date of the Committee meeting when your application will be discussed.