



SAFFRON WALDEN TOWN COUNCIL

Grant Application Form

Version	Date Adopted Policy	Minute Reference	Review Date
1	October 2016	A & S 116-16	October 2018
2	June 2018	F & E 380-18	October 2020
3	July 2019	F & E 038-19	October 2020
4	May 2021	F & E 053-21	Oct/Nov 2021



GRANT AID APPLICATION FORM FOR LOCAL PROJECTS

	Section 1 – About t	he Applicant
1	Name of Applicant/Organisation	
2	Applicant contact name, address, email a	nd telephone*
	*Please note that this information will be published in the public domain u	unless we receive express instructions to the contrary.
3	Aims & Objectives of Applicant / Organisa Tell us a little about your organisation – what you	
4	What is the Nature of your Organisation? ie are you a registered Charity, Social Enterprise If yes, please provide registration details:	e or Community Interest Company?
5	Does Your Organisation Have:	
	A constitution: Accounts: Equal opportunities policy: Safeguarding or child protection policy* Health and Safety policy Please include a copy of these documents where If these documents are not supplied, please advi- *If you are not able to provide a safeguarding or	ise why these details are missing.
	how you will monitor and ensure the protection of	



O	is your application for a reduced filte fee for any Town Council premises?
	Yes No
	If yes, what is the date of your event and have you booked the facility with the Town Council?
	If No, please proceed to question 7.
7	Have you previously applied to SWTC for grant funding? Yes / No
	If Yes, please give details of when and if the application was successful, the grant received and the purpose. Reminder that funding is restricted to one application per organisation per financial year (1st April – 31st March)
	Section 2 – The Project
8	Project name:
	Project aim:
	Start Date:
	End Date:



9	Please give details of the project activities and timeline
10	What particular need do you consider the project will meet?
11	How have you identified the need for this project? Please include your experience in this field and research and scoping that has been carried out with the intended target group
12	Please give a reasonably accurate figure for the number of people, within Saffron Walden Town Council's area (the parish of Saffron Walden and Little Walden, see map attached for the area served by SWTC), the project will serve. If possible, please provide evidence of this within the Data Protection Act:



13	Please give a brief outline of:
	 How this project benefits the residents of Saffron Walden Town Council's area; On the change you wish to see as a result of your project or activity for the residents of the Saffron Walden parish How your project will be measured
14	Where will any equipment be kept and how will it be insured?
15	Address where main activities will take place
16	How will you ensure that the project will be all-inclusive?



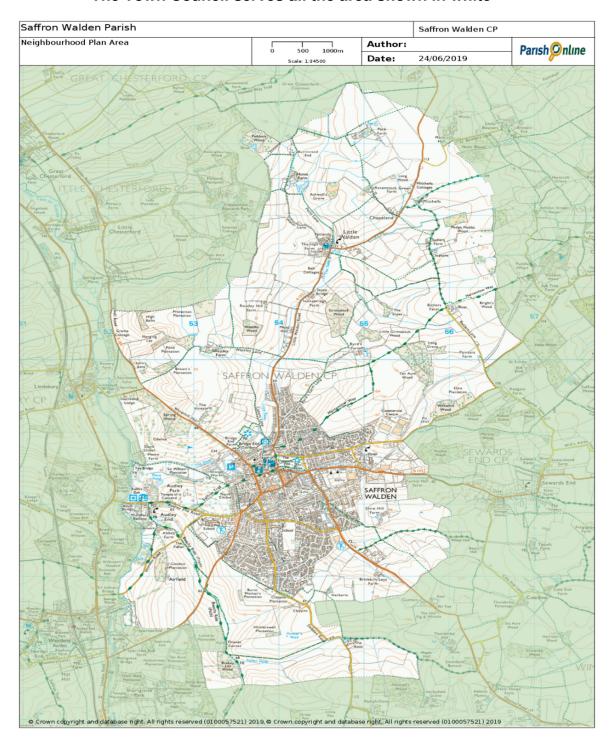
	Section 3 – Funding Requirement
17	What is the total cost of the project? Please attach a budget breakdown for this cost
18	Amount requested from Saffron Walden Town Council and for what purposes (please be as specific as possible)
19	Have you applied for funding from other sources for this project ? Yes No If yes, please indicate how much and who from
20	Have you applied for funding from other sources for any other project which may relate to this funding request? If so, please give details of when, and if the application was successful, please give details of the grant received.
21	How will you ensure that SWTC support of this project is promoted?



	Section 4 – Contact Details
22	Contact details for this application (this must be someone who has full knowledge of the application and can answer questions about it). Please note that these details will be made known in a public forum unless you specifically advise that details should be with-held Name Tel No Email address Date of application
23	Bank/Building Society Details Grants will ordinarily be made by cheque payment. Name to appear on cheque payment: If this is not the name of the group applying, please provide an explanation for variance.
24	Declaration – must be signed by at least 2 persons We confirm that the information given in this application is correct. We are authorised to make this application on behalf of: Name of Organisation: Signed: (1st person) Name: Position in Organisation: Signed: (2nd person) Name: Position in Organisation:



Map showing the parish of Saffron Walden. The Town Council serves all the area shown in white





For Internal Office use only: Information to Committee

Informa	tion to Committee
To be completed for question	ons 6 & 7:
Commercial hire cost:	
Resourcing cost to Town Coul	ncil:
Potential Net loss / profit:	
Details of any previous gran	nts awarded to this Organisation:
Additional Information: Recommended Source of Fu	unding:
Youth Partnership	Current Balance
Small Grants Scheme	Current Balance
Free of Charge Hire	Current Balance