

**REDRUTH TOWN COUNCIL**

**GRANT APPLICATION FORM**

APPLICATION FOR GRANTS UNDER

THE LOCALISM ACT 2011(SECTIONS 1-6)

TOWARDS THE COST OF A LOCAL PROJECT

This Application form should be completed

And returned to the following address:

Redruth Town Council

Redruth Civic Centre

Alma Place

Redruth

TR15 2AT

Or email to: admin@redruth-tc.gov.uk

**For further information please contact:** ­

### Redruth Town Council: 01209-210038

**REDRUTH TOWN COUNCIL**

**GRANT APPLICATIONS**

**CRITERIA FOR CONSIDERING AND AWARDING GRANTS**

1. Grant funding should be necessary to go towards a particular project, if it is towards running costs you must include a detailed breakdown of these costs with known income. Council will look for evidence of funds raised/contributed by your organisation towards this application.

**2. Grants will not be made towards the costs of repairs or maintenance, except in exceptional circumstances.**

**3. Grants will not be made retrospectively, i.e. for projects already started or carried out.**

**4. Applications will only be considered from properly constituted organisations.**

**5. Applications should normally include recently audited income and expenditure accounts. Failure to provide could result in your application not being considered.**

**6. Grants which have been approved will only be payable on receipt of an invoice relating to that particular project**

**7. Applications from organisations that operate in the parish of Redruth, will be given priority. However, organisations operating outside the area, but that make a definite contribution to the parish through their work, will also be considered.**

**8. Applications will only be considered from organisations open to the public or for which membership is open to all without discrimination.**

**9. Any applications received from individuals may be considered, however, priority will be given to organisations in the first instance. It is Council policy that applications should incur expenditure which in their opinion is in the interests of, and will bring direct benefit to, their area or any part of it, or all or some of its inhabitants in the first instance.**

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| GRANT APPLICATION FORM | | | | | | | |
| Name of Organisation: | | | | | | | |
| Organisation type  (Please circle one option) | Community Group | | Registered Charity | | | Voluntary Organisation | Statutory Agency |
| Give the name and status of two representatives authorised to make the application: | | | | | | | |
| Name: | | | | | Name: | | |
| Address | | | | | Address | | |
| Tel No: | | | | | Tel No: | | |
| Email address: | | | | | Email address: | | |
| Position Held: | | | | | Position Held: | | |
| Please describe the purpose of your organisation and how it benefits communities in the Redruth parish: | | | | | | | |
| **DETAILS OF THE PROJECT/ACTIVITY** | | | | | | | |
| Give brief details of the project for which the Grant Application is being made (Please complete this section even if you have included full details of the scheme elsewhere) | | | | | | | |
| Please give a detailed breakdown of the costs of your project/activity | | | | | | | |
| Estimated start and end date for the project/activity: | | | | | | | |
| Please tell us how you will fund your project/activity, giving details of any funding already secured or applications made: | | | | | | | |
| Please advise which other Town and Parish Councils you have approached for funding this project, and the amounts requested: | | | | | | | |
| Grant requested from Redruth Town Council: | |  | | | | | |
| How do you know there is a local need for your project/activity? Please give recent evidence. | | | | | | | |
| Who and how many people in the Redruth Parish will benefit from your project/activity? | | | | | | | |
| How long have you been fundraising for this particular project? | | | | | | | |
| Have you applied for a grant from Redruth Town Council before? If so, when did you apply and how much were you awarded? | | | | | | | |
| **Please attach your last set of annual accounts to this application. If you are unable to provide this information, please tell us why** | | | | | | | |
| Name of payee:  (This should be a group or association and not an individual)  Account No: Sort Code: | | | | | | | |
| Please write here anything else you wish to say about your application: | | | | | | | |
| **Declaration**  We declare that to the best of our knowledge the information we have provided on this application form is correct and the grant will be used for the purposes stated | | | | | | | |
| Signature: | | | | Signature: | | | |