

# Seaton Town Council

## Application for Grant Funding 2019-2020



Please complete all sections of the form as fully as possible and return to the Town Clerk.

Please continue on separate sheets if necessary. Please clearly mark any additional sheets with the section and question to which they refer.

### General Information (1) – TO BE COMPLETED BY ALL ORGANISATIONS

#### *Details of Organisation*

Name of organisation:

Usual meeting place and address of Organisation:

Name of contact:

Name

Position within organisation

Preferred Tel.No.

EMAIL address

Contact address for Correspondence  
(if different from above):

Name

Position

Address

Preferred Tel No

Email address

### BACKGROUND OF ORGANISATION (2) - TO BE COMPLETED BY ALL ORGANISATIONS

Please tell us about the **purpose** and **aims** of your organisation below:  
(Please also attach a copy of your constitution)

When was your organisation formed?

Is your organisation a registered charity?

Charity Number:

Is your organisation part of, or affiliated to, any national organisation?

If yes, please give details.

**MEMBERSHIP AND USER INFORMATION (3) - TO BE COMPLETED BY ALL ORGANISATIONS**

Number of members/users:

%of members/users resident in Seaton:

Details of organisation's membership

Type of Membership	No of Members	Fees per annum/per person
e.g. Adult, Junior, Day	50	£50

Breakdown of Users of the facilities

Number of individual users	Male	Female
Under 18 years		
Between 18 – 59 years		
Over 60 years		
Other targeted users		

Other organisations you are applying to, or have already received grants from for 2018/19, 2019/20:

Name of organisation	Amount applied for	Amount Received	Amount applied for	Likely date for decision
	2018/19	2018/19	2019/20	2019/20
e.g. EDDC	£500	£500	£500	June 2018

Give an indication of the current balance in hand of your organisation and whether funds are earmarked for any other projects/items:

**(It is very important that this section is fully completed. Please do not put 'refer to accounts or balance sheet' but state what your balance in hand is and what it is earmarked for):**

**Current Balance  
(as of date of  
application):**

£

**Earmarked for**

£

£

£

£

Cost of total project

£

Amount of grant requested:  
(Day-to-day running costs (revenue) are not normally considered for funding [see S. 6 Guidance Notes])

£

Percentage of grant aid against total project cost

%
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Brief description of what the grant will be used for (*attach any available information including brief and plans*)

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Why do you need the grant? (*Explain why it is necessary. Include any relevant research or information to support your application*)

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The council requires the recipient to provide a written report of how the money has been used. The report must be provided to the council by the end of the financial year the grant was made available, but it may take the form of an annual report or set of accounts, which clearly identify the manner of spending.

If the application is for an event or series of events that are likely to be income generating, please detail estimated income figures and include a detailed budget for the event.

Estimated income figures

£
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Tick box to confirm budget attached

Tick box to confirm previous year accounts

If your application is successful, we would like to pay the funds directly into your bank account. Please provide your bank details as follows:

Name & address of branch	
Account in the name of	
Account number	
Sort Code	

**Organisations that receive a grant will be required to acknowledge the Town Council's contribution on all publicity/printed material.**

**Declaration (4)**

I apply for grant aid on behalf of the organisation stated and I declare that:

1. I have noted the conditions under which grants are made and confirm that if successful, I, and the organisation, which I represent, will abide by them.
2. It is understood on behalf of the organisation that Seaton Town Council may seek to receive the full grant or such part of it as the Council may determine if:
  - i) The organisation ceases to operate
  - ii) The grant ceases to be used for the purpose (s) for which it was given or the facilities cease to be used for the purpose for which the capital grant assistance has been given (within a period of ten years from payment of the grant)
  - iii) The organisation is found to be in breach of the conditions applied to the grant

**Membership**

I further declare that:

- a) Membership is open to all and no application for membership will be refused on other than reasonable grounds, i.e. there will be no discrimination on grounds of race, occupation, religion, sexual orientation, gender or age.
- b) The managing body of the organisation is composed mainly of members representing those using the facilities.

To my knowledge, the information that I have disclosed is correct and I undertake on behalf of the Society/Organisation that the grant or such part of it as Seaton Town Council may determine will be repaid in the event that the Society/Organisation is found to be in breach of any of the assurances above.

Signed.....Date.....

Name (Please print).....Position in Organisation.....

Office use only	
Date:	Checked by:
Meeting to be referred:	Decision: