



REVENUE GRANTS OVER £500 TO VOLUNTARY/COMMUNITY ORGANISATIONS APPLICATION FORM 2019/20

Eligibility Criteria

Please tick the checklist below to verify that your group is eligible to apply for funding and ensure that you can provide supporting information as requested with your application, or your application will not be considered.

- | | yes | no | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | We are a voluntary/community group providing a service or activity for the benefit of the residents of Seaford. |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | We have a written set of rules, constitution, or other governing document, and confirm that the copy provided with this application is current and properly authorised. |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | A bank account is held in the name of the group requiring at least two signatures for cheque transactions or cash withdrawals, a copy of the latest statement is enclosed for verification. |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | A copy of our latest annual accounts/latest bank statement/balance sheet is enclosed OR (for new groups) we enclose income and expenditure plans for our first year of operation. |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | We have an Equality and/or Equal Opportunities policy (this policy may be contained within your constitution or other governing document) |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | A copy of our public liability insurance to the value of at least £1 million is enclosed. |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | We have a policy to ensure the safeguarding of children or vulnerable adults (where appropriate). |

1

Name of Main Contact

Title	First Name	Surname
Organisation Name		
Post held in Organisation		
Address of Organisation		
Address of Contact		
Postcode	Telephone (day)	
Email Address		

2

What are the main aims of your organisation?

3

How many members and participants does your organisation have?

Please indicate how many are from Seaford

4**Please complete this section from your organisation's latest set of accounts**

Year ending	
Total Income	£
Total Expenditure	£
Surplus / Deficit for year	£

Balances held:

Cash	£
Other	£

(Please specify, and if for a particular purpose, please state)

5**(a) How many people are involved in the running of your organisation?**

Full time Employees	
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Full time Volunteers	
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Part time Employees	
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Part time Volunteers	
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(a) What would this grant be used for?

(b) How many Seaford residents would benefit from this activity and how?

(c) How will you assess the effectiveness of this activity or project?

(d) How will you acknowledge Seaford Town Council as a funder?

6**How much do you wish to apply for from the Council? £.....**

If successful, Seaford Town Council will be issuing the grant by BACS. Please fill in the required details below:

Account Name:	
Sort Code:	
Account Number:	

7

How much will the activity or project cost? Please give breakdown of main items.

ITEMS	
	£
	£
	£
	£
	£
	£
Total Cost of Activity or Project	£
If you are making a contribution from other funds please indicate here (Please indicate whether any funding is agreed, conditional etc. in the space below)	£
Amount of Grant Requested	£

8

Declaration

I (*name*) and (*name*)

as authorised representatives of (*Organisation Name*)

declare that to the best of our knowledge all the information we have provided in this application for a grant is correct. Any grants awarded will be exclusively used for the purposes, and subject to any conditions specified by Seaford Town Council and utilised by 31 March 2020. We enclose a current copy of our constitution, a copy of our latest annual accounts and give permission for all the details of this application, including finances, to be disclosed at meetings of the Seaford Town Council which are open to the press and public. We agree to provide a formal statement detailing how a grant from Seaford Town Council has been spent by 31 March 2020. We acknowledge that Seaford Town Council may request repayment of any grant not utilised for the purpose given by 31 March 2020.

We agree to make a formal presentation to the Town Forum in April or May 2020 regarding how the grant was used.

Date

Signature

Date

Signature

Please return this form to: Seaford Town Council, 37 Church Street, Seaford, East Sussex BN25 1HG by 12 noon on Friday 7th June 2019.

If you would like advice on the application process, please contact Mrs Lucy Clark, Finance Manager on 01323 894870.