



Seaford Town Council

REVENUE GRANTS TO VOLUNTARY ORGANISATIONS UP TO £500 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 bank statement is enclosed for verification. |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | A copy of our latest annual accounts and bank statement covering the last 12 months is enclosed OR (for new groups) we enclose a projected budget along with a supporting business plan and risk management plan in lieu of annual accounts. |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | If the grant request is for maintenance of improvement purposes, two estimates for the works specified are enclosed. |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | If the grant request is for a public event, a copy of our Public Liability Insurance is enclosed. |

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

Full time Employees	<input type="text"/>	Full time Volunteers	<input type="text"/>
Part time Employees	<input type="text"/>	Part time Volunteers	<input type="text"/>

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(b) How many members and participants does your organisation have?

Please indicate how many are from Seaford.

(c) How many Seaford residents benefit from your organisation's activities?

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(d) How frequently does your organisation meet?

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(e) Who is responsible for the financial management of your organisation?

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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

How much do you wish to apply for from Seaford Town Council? £.....

Maximum £500.00

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:	

6

What would the Grant be used for?

7

What is the total funding required and who are the other funders?

8**If you received a grant in 2017/18 – please provide details of how it was used.**

9**Declaration**I (*name*)and (*name*)as authorised representatives of (*Organisation Name*)

declare that to the best of our knowledge all the information I have provided in this application for 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. I 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.

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.