THE ISSUING OF THIS APPLICATION FORM IS NOT A GUARANTEE THAT

THE TOWN COUNCIL INTENDS TO GIVE A GRANT TO ANY ORGANISATION

Sidmouth Town Council

2022/2023 Grant Application Form

Please send completed forms by email to: [finance@sidmouth.gov.uk](mailto:finance@sidmouth.gov.uk)

Or: Sidmouth Town Council, Woolcombe House, Woolcombe Lane, Sidmouth, EX10 9BB

Deadline for receipt of form is **Friday 10 December 2021**

|  |  |  |
| --- | --- | --- |
| *PLEASE COMPLETE ALL THE SHADED AREAS FOR YOUR APPLICATION TO BE CONSIDERED* | | |
| **Name of Your Organisation** |  | |
| **Date of Formation** |  | |
| **Membership**  What is the age range for whom provision is made?  What is the average attendance per meeting? |  | |
| **Details of expenditure towards which grant is sought:** | COST | GRANT REQUESTED |
| **General statement supporting application**  (Please explain how your application fulfils any or all of the criteria in Appendix A) | | |
| **Financial Information Required:**   1. General/Unrestricted Funds – Last Year   *(usually final bank balance at end of last financial year)*   1. General/Unrestricted Funds – This Year   *(usually final bank balance at end of this financial year)*   1. Last Year’s Spending | 1.  2.  3. | |
| *(Following information for office use only)* | | |
| **Signed on behalf of the applicant body:**  ......................................................................................  **Position** ………………………………………………….  **Date**............................................................................ | **Contact Name** *(Please print)*:  .........................................................................................  **Address** *(Please print)*:  ..........................................................................................  .........................................................................................  ………………………………………………………………..  **Phone**: ……………………………………………………….  **Email**: ……………………………………………………….. | |
| **If your application is successful grant payments will be made by bacs**  Please supply the following information:  Name of Bank Account………………………….………………………………………….….  Account number...............................................................................................................  Sort Code……………………………………………………………..................................... | | |

***N.B. All applications must be supported by a copy of your***

***last audited accounts or a business plan***

***for new organisations in their inaugural year.***

***APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION***

**Appendix A**

Sidmouth Town Council Grant Application

Qualitative Assessment Criteria

**These criteria are used to aid Council members in their comparative assessments of grant applications which are deemed to have complied with the threshold criteria.**

**NOTE: not all applications will meet all of the following criteria,**

**but to be successful they should meet one or more.**

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| **Qualitative Assessment Criteria**  **With respect to the area governed by the Town Council, this project:** |
| 1. **Promotes the well-being of the people and community** |
| 1. **Enhances and/or preserves the heritage** |
| 1. **Contributes to the viability and vitality of the economy** |
| 1. **Improves the cohesiveness of the community** |
| 1. **Is inclusive of a wide spectrum of beneficiaries** |
| 1. **Contributes towards the community’s cultural life** |
| 1. **Contributes to organisational and/or environmental sustainability** |