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**

**2024/2025 Community Small Grant**

**Application Form**

Please send completed forms by email to: finance@sidmouth.gov.uk

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

Deadline for receipt of form is **9am Monday 11 December 2023**

|  |
| --- |
| *PLEASE COMPLETE ALL THE SHADED AREAS SO THAT YOUR APPLICATION CAN BE CONSIDERED* |
| **Name of 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***

**Sidmouth Town Council requests that all those receiving grant funding**

**will include an acknowledgement of that support where appropriate**

**(via website, social media and in print such as on flyers and posters).**

**This request is to help share the Council’s collaborative approach**

**to community improvements which benefit our residents and visitors.**

**If successful a branding package will be issued providing**

**appropriate logos and example wording.**

**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.**

|  |
| --- |
| **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**
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