# **SAINT IVES TOWN COUNCIL**



# **APPLICATION FOR FINANCIAL ASSISTANCE**

Start-up Groups

Please answer all questions which are relevant to your organisation – failure to do so may result in a delay in the determination of your application

| PRC   | DJECT: (In no more than 25 words)   |   |                              |   |
|-------|-------------------------------------|---|------------------------------|---|
|       |                                     |   |                              |   |
| AM    | OUNT REQUESTED:                     |   |                              |   |
| `ont  | act Details                         |   |                              |   |
| 50110 | adt Details                         |   |                              |   |
| Q1    | Name of organisation making appl    | ication   |                              |   |
|       | Name of contact for this applicatio | n:  |                              |   |
|       | (title, first name and surname)     |   |                              |   |
|       | Position held in organisation:      |   |                              |   |
|       | Contact Address:                    |   |                              |   |
|       |                                     |   |                              |   |
|       |                                     |   |                              |   |
|       | Telephone:                          | Emai  | l:                           |   |
|       |                                     |   |                              |   |
| Abou  | ut your organisation                |   |                              |   |
|       |                                     |   |                              |   |
| Q2    | What type of organisation are you   | What type of organisation are you? (tick (✓) relevant category) |                              | _ |
|       | Registered Charity:                 |   | Charity Registration Number: |   |
|       | Voluntary Organisation:             |   |                              |   |
|       | Company Limited by Guarantee:       |   | Company Number:              |   |
|       | Other – Please specify:             |   |                              |   |
|       | Otner – Please specity:             |   |                              |   |

| Q3   | Briefly describe your organisation.  |
|------|--|
|      | Describe your organisation, including how many members/users you have are hope to have,        |
|      | whether there is a subscription fee and the activities/services you intend to provide.         |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      | If you are a brough of a lawren arranisation, places state which are                           |
| Q4   | If you are a branch of a larger organisation, please state which one:                          |
|      |  |
| ΩE   | What is/will be your primary source of funding?  |
| Q5   | What is, will be your primary source or running.   |
|      |  |
|      |  |
|      |  |
|      |  |
| Data |  |
| Deta | ils of the project or activity you are planning  |
| Q6   | Describe the projects/activity you plan to use this grant for                                  |
| Qu   | Describe the projects/activity you plan to use this grant for                                  |
|      | i) Try to be specific about what you will do and how you will do it.                           |
|      |  |
|      |  |
|      |  |
|      |  |
|      | ii) Please state how you have identified this need and how the project will benefit the people |
|      | of St Ives.  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      | iii) How many people from St Ives do you expect to benefit directly from your project or       |
|      | activity?  |
|      |  |
|      |  |
| Q7   | How will you measure the success of the project and how many people from St Ives               |
| •    | do you expect to benefit from it?  |
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### **Health & Safety**

| Q8 | What, if any, special safety issues are related to your project/activity? |
|----|---|
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|    |   |
|    |   |

# **Funding of your project**

#### Q9 Project Funding

Please provide details of the amount of funding you need for your project and give us a breakdown of what the money is for (please enclose any relevant estimates or details).

| Project Expenditure   | Amount of |
|---|-----------|
| Please list all items of expenditure for your project               | Project   |
|   | £         |
|   | £         |
|   | £         |
|   | £         |
| Total   | £         |
| Project Income  |           |
| Please list how the project shall be funded                         |           |
|   | £         |
|   | £         |
|   | £         |
|   | £         |
| What is the difference?   | £         |
| This should be the same as the amount of Grant you are applying for |           |

#### **Account Details**

#### Q10 Please give us your bank or building society account details

You can only apply for grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. These people should not be related.

Account name:

Bank/Building Society name:

Bank/Building Society address:

| Who are the signatories and what position do they hold in your organisation? |         |  |
|--|---------|--|
| Name   | Positon |  |
|  |         |  |
|  |         |  |
|  |         |  |

| Anv | Other | Information |
|-----|-------|-------------|

| Q11 | Any other information which you consider to be relevant to your application. |
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# **Declarations**

# Q12 Declaration

| Please give details of a senior member of your organisation. For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. (This must not be the main contact name in Q1).   |
|--|
| I confirm, on behalf of(insert name of organisation):  |
| That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.  |
| I confirm that I have read the Terms and Conditions set out in the Notes which accompanied this application and further confirm that this application is made on the basis that if successful, the organisation will be bound to use the grant only for the purpose specified in this application, and will have to comply with those Terms and Conditions and any others which the Council might attach to the Grant. |
| Post held in organisation:   |
| Title First Name: Surname:   |
| Organisation address:  |
|  |
|  |
| Postcode:  |
| Telephone:   |
| Signed: Date:  |
| Q13 Signature of Person Completing the Application   |
| This must be the signature of the person named in Q1 as the main contact and <b>not be the same</b> person who has signed in Q12   |
| I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.  |
| Signed: Date:  |
| Checklist  |
| <ol> <li>Have you answered every question?</li> <li>Have all signatures been completed?</li> <li>Have you included a copy of your governing document?</li> <li>Have you included a copy of your most recent accounts?</li> <li>Have you included a copy of your most recent bank statement?</li> <li>Please state any supporting documents you are submitting:</li> </ol>  |