



Hayle Town Council

Community Centre, 58 Queensway, Hayle, TR27 4NX



Small Grant Application Form

1 Name of Group:

2 Name of Contact:

3 Contact details Daytime Tele. No.
Evening Tele. No.
Address:

Email:

4 What is the aim of your group?

When did your group start?

What is the group status (eg. Charity/Trust/Society/Club/Business)?

5 Does your group have a set of rules, a constitution or other agreed document?

Yes (Please enclose copy with application)

No

6 Approximately how many people are involved in your group?

Committee members Other volunteers Staff

Please tell us about any relevant experience or training they have?

7 If you have received funding from Hayle Town Council in the last 3 years please give details including the year, amount and purpose:

8 Please provide a summary of your project including details about where the activity will take place, who will benefit and other groups or organisations you are working with:

Continue on supplementary page if necessary

9 When will the activity start?

10 How much funding do you require? £ *(Ignore pence)*

11 Have you applied for or received any other grants for this activity?

If 'YES' please provide details:

12 Will the proposed funding cover the total cost of your activity?

Yes (Please go to question 15)

No

13 How much is the total activity cost? £

14 Please explain how you expect to finance the remaining cost of the activity not covered by this grant request?

15 Please give a breakdown of how much will be spent on different elements of the activity? Please attach supporting quotations or evidence of costings.

Activity costing elements	Amount
i	£
ii	£
iii	£
iv	£
v	£
Total Activity Cost:	£0.00

16 Has your group produced annual accounts?

Yes Please provide a copy with your application

No Please provide certified copies of your latest 3 month bank statements

17 Has your group got its own bank account? Yes No

If 'YES' Name of Bank:

Sort Code:

Account No:

Cheque payable to:

If 'NO' Please provide details of a registered organisation that will receive a grant on your behalf:

Please note that we will require a signed agreement between your group and the above organisation with details of their bank account before we can release any grant funding.



DECLARATION. I hereby certify that the information provided is correct to the best of my knowledge and belief and confirm that any grant awarded will be used for the purpose set out in this application. I also agree to provide progress reports to the Council as necessary and to acknowledge the financial assistance of the Council in any publicity or information material produced in relation to the activity. I understand that failure to comply with these requirements may result in the reclaim of the grant.

Signature:	Name (print):
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Position in group:	Date:
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Have you included the following documents (where applicable) with this application?

- | | |
|--|--------------------------|
| Your group's rules or constitution. (Essential) | <input type="checkbox"/> |
| Your group's annual accounts or latest 3 months of bank statements. (Essential) | <input type="checkbox"/> |
| Costing / Quotations for the activity. (Essential) | <input type="checkbox"/> |
| Continuation sheets. | <input type="checkbox"/> |
| Confirmation of other funding secured, if appropriate. | <input type="checkbox"/> |

If you require any help completing your application, please contact the Town Clerk on 01736-755005
Please check that all sections have been answered and then return the application form and all supporting documentation to:

Town Clerk, Hayle Town Council, Hayle Community Centre, 58 Queensway, Hayle, TR27 4NX

