

# SIMON DIGBY (SHERBORNE) MEMORIAL TRUST

**The Manor House, Newland, SHERBORNE, Dorset, DT9 3JL  
Tel: 01935 812807**

**Mr Steve Shield      Clerk to the Trustees**

## GRANT APPLICATION FORM

### SECTION A : GENERAL INFORMATION

Name and address of organisation:

a) Name and address of correspondent:

b) Telephone number:

c) Email Address:

Please provide your current membership numbers

Adult: Junior (under 16)	Male Male	Female Female	
Are non members permitted to use your facilities?			N/A
If yes, please state number of non members using facility			Adult:      Junior:

Please state briefly the history of your organisation and its aims and objectives:

Is your organisation a registered charity?	Yes	No	If yes ...Number
Is your organisation a limited company?	Yes	No	If yes ...Number

On a separate sheet please provide details on the charges made for the services or activities provided by your organisation together with information of any concessions given.

### SECTION B : FINANCIAL INFORMATION

Please enclose a copy of your latest audited accounts with the completed application form or for a new group a statement of your estimated Income and Expenditure for the first year.

Please provide details of:			
a) The total income raised by members' subscriptions during the last financial year:			
Adult £	Junior £		
b) Additional income from non-members during the financial year: £			
c) How your everyday expenses are covered: <i>(Please rank in order of importance)</i>			
Local authority grant aid	<i>(please state which)</i>		
Fundraising events	Members subscription		
Bar and other sales	Other sources		
If your application refers to land and buildings:			
a) Do you hold the freehold of the land and buildings (if yes, go to section C)	Yes	No	
b) <b>If no</b> , who owns the freehold?			
c) <b>If no</b> , do you own the leasehold?	Yes	No	
d) <b>If yes</b> , how long is the lease:	Years:	When does it expire:	
e) <b>If no</b> , on what terms do you use the land and buildings?			
<b>SECTION C : PROJECT DETAILS</b>			
Please state the purpose for which assistance is required:			
Location of project (postal address, if different to Section A)			
What is the aim of the project:			
Please enclose, if applicable, one copy of plans and specifications, including site plans.			
Do you have the following consents?	N/A	Yes	No
	N/A	Yes	No

Outline Planning Permission				Listed Building Consent			
Detailed Planning Permission				Fire Regulation Approval			
Building Regulation Approval				Other necessary consents ( <i>please specify</i> )			

Does the design of the project take into account the needs of disabled people?

Yes

Please give details:

No

Please state why not

Project Dates:

Proposed starting date:

Expected completion date:

If this project is part of a larger scheme or phased development, please give details:

Please state briefly how you feel your project will benefit the people of Sherborne.

## SECTION D : DETAILS OF PROJECT COST AND FINANCE

Please list the capital costs associated with the project

i)	Construction of new building	£	ii)	Adaption of existing building	£
iii)	Internal fixtures and fittings	£	iv)	Surface and pitch improvement	£
v)	Play equipment	£	vi)	Professional fees	£
vii)	Other costs (please specify)				£
<b>TOTAL PROJECT COST</b>					£

Please enclose copies of estimates and tenders with the application form

**Please state how you propose to finance the project:**

Applications for Grant Aid

Body applied to	Confirmed	Rejected	Awaiting decision	Amount
Your existing Organisation Funds				
Proposed fund raising				
Amount requested from Simon Digby (Sherborne) Memorial Trust				

<b>TOTAL £</b>				
a)	Have you considered the possible increased running costs associated with the project?			
	No change necessary		Yes ( <i>Please provide details on a separate sheet/business plan</i> )	
b)	How will the increased annual costs be covered?			
	Charges and subscriptions		Grant Aid	Fund raising events
	Bar and other sales		Other	
<b>SECTION E : ADDITIONAL INFORMATION</b>				
If you would like to add any additional information in support of your application, please do so below:				
<b>Please complete the following:</b> I would like to apply for financial assistance from the Simon Digby (Sherborne) Memorial Trust. I understand that submission of this form does not mean that a grant will be awarded automatically. I note that grant aid cannot be given retrospectively.				
Signature:		Official Position:		Date:
I have enclosed the following (where application):				
A copy of the organisation's constitution		The latest audited accounts		
One copy of plans and specifications		Copies of estimates tenders or quotations		
Running cost projections/business plan				
<b>NB</b> The Data Protection Act 1998 The information provided on this application may be held on a computerised register				
<b>Please provide below your bank details to enable a prompt payment should a grant be made:-</b>				
<b>Account Name:</b>				
<b>Sort Code:</b>				
<b>Account Number:</b>				
<b>Applications should be returned to: The Clerk to the Trustees, Simon Digby (Sherborne) Memorial Trust, The Manor House, Newland, Sherborne, Dorset , DT9 3JL</b>				