

SHERBORNE TOWN COUNCIL

The Manor House, Newland, SHERBORNE, Dorset, DT9 3JL
Tel: 01935 812807 and Fax: 01935 812611

Mr Steve Shield Town Clerk

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:	Male	Female	
Junior (under 16)	Male	Female	

Are non members permitted to use your facilities?	Yes	No	N/A
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If yes, please state number of non members using facility	Adult:	Junior:
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Please state briefly the history of your organisation and its aims and objectives:

Is your organisation a registered charity?	Yes	No	If yes ...Number
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Is your organisation a limited company?	Yes	No	If yes ...Number
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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 £
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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) If no , who owns the freehold?								
c) If no , do you own the leasehold?						Yes	No	
d) If yes , how long is the lease:			Years:	When does it expire:				
e) If no , on what terms do you use the land and buildings?								
SECTION C : PROJECT DETAILS								
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:
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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	£
viii)	Other costs (please specify)				£
TOTAL PROJECT COST					£

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 Sherborne Town Council			
TOTAL				£

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		

SECTION E : ADDITIONAL INFORMATION

If you would like to add any additional information in support of your application, please do so below:

Please complete the following: I would like to apply for financial assistance from Sherborne Town Council. 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			

NB The Data Protection Act 1998 The information provided on this application may be held on a computerised register

Please provide below your bank details to enable a prompt payment should a grant be made:-

Account Name:

Sort Code:

Account Number:

Applications should be returned to: The Town Clerk, Sherborne Town Council, The Manor House, Newland, Sherborne, Dorset , DT9 3JL