BISHOP AUCKLAND TOWN COUNCIL COMMUNITY FUND APPLICATION FORM

SECTION 1 - ABOUT YOUR ORGANISATION												
1.1	Name of Organisation							Give full name as it appears on your				
1.2	Address							governing documents				
	Post Code											
1.4	Is your organisation:-							Tick as appropriate and give relevant				
	a. a registered charity? Yes No							information				
	If yes please give Charity	If yes please give Charity Number:										
	b. a company limited by gu	arantee?	Yes		No			organisation may have legal responsibility if we give you a grant If VAT registered, the				
	If yes please give Compa	ny No										
	c. a branch of a larger orga	nisation?	Yes		No							
	If yes please name orgar	If yes please name organisation VAT registered? Yes No										
	d. VAT registered?											
	If yes please give VAT No			recoverable VAT.								
	e. Does your organisation he requiring 2 or more signal		Yes		No			If successful, your payment will be made to this account.				
	f. Account name							made to this account.				
1.5	When was your organisation		Please give month and year									
1.6	How many people are on yo or Management Committee		,									
1.7	The Town Council has limite funding for organisation tha		Please tick the most appropriate box.									
	 a. A new group/organisation inhabitants. 	on that would bring di	to the Tow	vn and its								
	b. Existing groups/organisa its inhabitants. That are											
	c. Existing groups/organisa a direct benefit to the To	•		ect that wo	ould bring							
1.8	If your organisation does not fit into one of the categories above, but feel there are special circumstances why the Council should provide funding for your project, please explain thes below							If you have not ticked one of the boxes in 7.1, please explain				
								the special circumstances that the Town Council should be aware of when considering whether to support your application				

1.9	Who is the main contact for this	c annication?	This must b	e the
1.5	Name	з аррпсации:	person that	
			the applica should be s	
	Position in Organisation Address:		from the organisatio	n. over 18
	Addiess.		years old a	nd
			authorised the applica	
			A business	
			must be us	ed where
	Post Code		your organ one.	isation has
	Telephone:		one.	
	Email			
SECT	TION 2 - ABOUT YOUR PROJEC	т	'	
2.1	Briefly describe your project		Tell us wha	
			do with the	e grant.
			BE SPECIFIC what you w	
			how you w	ill do it
			and what y spend the g	
			Spana and a	,

2.2	How will this benefit Bishop Auckland Town Council area and / or its residents? How many people living in the Town Council area will benefit from your project?										Tell us how your project will benefit the Town and /or residents		
2.4	When will the project take place? Start date Are these dates flexible? Yes No]	Applications will be considered in June and December each year.			
	Are triese	uates	ilexible:		Yes		No						
SECT	TION 3 – CO	ST O	F YOUR I	PROJE	СТ								
3.1	Provide all	costs	associate	ed wit	h your	project							List all individual items or activities
	Item or Activity				Cost VAT Total		al	Amount Requested		that make up your project.			
3.2	Total Have you a	pplie	d for a fu	nding	for thi	s project fron	n any	y other	source?				Make sure costs are accurate and based on quotations where possible. You should not include any VAT you can reclaim in the amount requested column. The maximum grant awarded is £500. If your application is successful you will be required to present paid invoices before a grant payment is made
	Yes		No		If ye	s, please prov	ide c	letails					We will need to know
		Orga	anisation			Amount Applied for	:	Gra	ount nted nown)	No	t yet known	-	if you have asked or been given funds from other sources to help fund your project

SECTION 4 – SUPPORTING INFORMATION											
4.1	Does your organisation have:-			Please provide details if you answer							
	a. Public Liability Insurance?	Yes	No	yes to any of these questions							
	b. Leaders Qualification?	Yes	No	questions							
	c. Affiliation to a governing body?	Yes	No								
	d. Other relevant insurance?	Yes	No								
4.2	Give details if you answered yes to any of the ab										
4.3	No If yes, please answer the following questions a. Does your group have safeguarding policies and procedures that are appropriate to your organisation's work and the project you are asking us to fund and do you review these regularly? b. Do all staff and volunteers have a CRB check at least every 3 Yes No years? c. Do you carry out rigorous recruitment and selection for Yes No staff and volunteers?										
CEC											
SEC	I certify that I have completed this form to the best of my knowledge and the information contained therein is correct. I have read and understood the terms and conditions and agree to them. Signed Date Name (print)										
SECT	TION 6 – DOCUMENTS INCLUDED										
	 I confirm I have included the following docum Most recent income and expenditure account Current bank statement Constitution or rules of organisation * INCOMPLETE APPLICATIONS WILL NOT BE CONTRACTOR 	.,	t of this application:								
This	form, together with your supporting documer	ntation should	l he returned to:								

Bishop Auckland Town Council, Four Clocks Centre, 154a Newgate Street, Bishop Auckland. DL14 7EH council@bishopauckland-tc.gov.uk Tel: 01388 609852

<u>Customer Notice</u>
We have updated our terms and conditions for all our services, including making some important updates to our privacy notices. To find out more about how we collect, use, share and retain your personal data, visit: http://bishopauckland-tc.gov.uk/legal-information/privacy-statement/