



HOUGHTON REGIS TOWN COUNCIL

Peel Street, Houghton Regis, Bedfordshire LU5 5EY

Tel: 01582 708540

Fax: 01582 861102

SMALL PROJECT GRANTS – up to £500 APPLICATION FORM 2020-2021

**** ALL QUESTIONS MUST BE ANSWERED IN FULL ****

Name of Organisation

Contact Details

(person with whom this application can be discussed and to whom any cheque should be sent)

Name

Position

Address

Post Code:

Telephone Number

Email Address:

About Your Organisation

What are the aims and activities of the organisation?

Are you affiliated to a national organisation?

**delete as appropriate*

**Yes, please specify.....*

** No*

Are you a registered charity?

**delete as appropriate*

**Yes, please specify your charity number.....*

** No*

Does the organisation have a membership?

**delete as appropriate*

**Yes / No*

If yes please state

The current number of members.....

The rate of annual subscription £..... / annum

If No, who is the organisation accountable to?

Please specify

If applicable to your organisation, are your volunteers / coaches appropriately trained?

**delete as appropriate*

**Yes, please specify.....*

** No, please explain.....*

Are your volunteers / coaches CRB checked?

**delete as appropriate*

**Yes, details.....*

** No, details.....*

Project Information

What would the grant be used for? Funds are available for Projects only.
Please specify with as much detail as possible.....

What would be the direct benefit of the Grant for Houghton Regis residents?
Please specify with as much detail as possible.....

Approximately how many people will benefit from this grant?
Total number.....
Number of Houghton Regis residents.....

Project Costs

| | | |
|--|---|---------------------------------|
| Total cost of project | £ | <i>(please supply 3 quotes)</i> |
| How much assistance are you requesting from Houghton Regis Town Council? (Max 50% of total project cost) | £ | |

How do you intend to fund the rest of the project?

- Use of existing funds? Please specify amount £.....
- Fundraising? Please specify amount anticipated £.....
- Grants from other sources? Please specify sources and amount.....

What would be the impact of the project should the Council not award the full amount requested?

For Office Use Only

Grant Awarded £.....
 Cheque No.:
 Meeting Date:

Project Timescale

Please detail when you anticipate that the project will commence and complete.

What would be the impact of the project should the Council not award the full amount requested?

The Town Council have developed a Town Council Plan to guide our work until March 2020. Details of the plan can be found at <http://www.houghtonregis.org.uk/houghton-regis-a-2020-vision-plan-summary>

In considering the Objectives and Outcomes of the Town Council Plan please detail how you feel that this grant would support the Town Council in delivering its outcomes:

Payment Details

| | |
|---|-------|
| Account title | |
| Account number | |
| Bank / building society name and address | |

Please note cheques will be made payable to the name of the organisation and sent to the contact as detailed unless otherwise advised.

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*Grant Awarded £.....
Cheque No.:
Meeting Date:*

Declaration

Please sign this form to confirm that:

- The information supplied is full and correct to the best of your knowledge;
- You have read, understood and complied with the conditions of funding;
- You undertake to complete and return the End of Award form along with copies of invoices or receipts.
- You will spend the grant within 12 months of receipt.

- The application is submitted with the following required information: *Enclosed*

- At least three competitive quotes for expenditure are required.
- The organisations most recent set of accounts.
- The organisations constitution.
- Evidence of local support.

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| |

For example, letters of support from other organisations such as schools, Central Bedfordshire Council etc, results of questionnaires, surveys etc.

- It is understood that Houghton Regis Town Council reserve the right to reclaim the grant in the event of it being used for purposes other than specified, or the organisation ceasing to operate.

A representative from the organisation is invited to attend the meeting to present the application to the Council. Please confirm if a representative will be attending YES / NO
Name of the representative (if applicable)

Signed

.....

Name

.....

Position

.....

Date

.....

For Office Use Only

Grant Awarded £.....

Cheque No.:

Meeting Date: