**FIRSBY GROUP CHARITABLE TRUST - GRANT APPLICATION FORM**

***Please read the Guidance Notes carefully before completing the form.*** *Where there are tick boxes, please tick those relevant to your application.*

**Section 1 - CONTACT INFORMATION**

**1.1 Is this application from** *(tick as applicable)* constituted community group/charity or

 community project from an individual/community project from 2 + Individuals

**1.2 If a group, group name:**  ............................................................................................................................

**1.3 Is this group based in one or more of the Firsby Group parishes?**  Yes  No

**1.4 Does this group deliver services in the Firsby Group parishes?**  Yes  No

**1.5 Contact details of main applicant**  Name: .........................................................................................

Telephone: ....................................................... Email: ..............................................................................

Address: .........................................................................................................................................................

............................................................................................................ Postcode: ......................................

Group applications only – your position in the group ...................................................................................

**Section 2 - WHAT ARE YOU SEEKING FUNDING FOR?**

Tell us about your project, what it is, where it will take place and how much it will cost.

**2.1 What are you hoping the Trust will fund** – please tell us in 150 words or less:

**2.2 Is this going to be:**  a one-off event or  an ongoing project?

**2.3 Where will it take place / be delivered?**  All the five parishes

 Bratoft  Firsby  Great Steeping  Irby in the Marsh  Little Steeping

**2.4 When would you like your project to start?**

Is this date:  flexible or  fixed?

**2.5** **Please tell us how your project will help meet one or more of the Objects of the Trust, which are:**

To promote and provide community benefits proposed by residents and for the benefit of the five parishes as a community, including administrative and ancillary costs under the headings listed:

a) Community wellbeing;

b) Environmental projects;

c) Community facilities;

d) Reducing isolation;

e) Investment.

**Section 3 – DETAILS OF FUNDING APPLIED FOR**

**3.1 Please tell us how much this will cost**. *(Maximum grant available is £1200 for group application; £400 for community project application from an individual and £1000 for community project application from 2 + individuals.*

*Please ensure you include all costs, including VAT where applicable (unless you can reclaim the VAT)*

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| --- | --- | --- | --- |
| **Item** | **Cost** | **Amount sought from the Trust** | **Comment** |
| *EXAMPLE – Hire of hall £15/week* | *£360* | *£360* | *Fortnightly tea dances for a year* |
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| **TOTALS** |  |  |  |

**3.2 If the total cost is more than your application, please tell us how you will fund the balance:**

*EXAMPLE: Donation £100 from Village Hall committee. Raffles at each event. £1 admission charge.*

**Section 4 – FINANCIAL INFORMATION**

4.1 **COMMUNITY PROJECT APPLICATION FROM AN INDIVIDUAL OR 2 + INDIVIDUALS ONLY**: Payment for grants awarded to community project applications submitted by an individual or 2+ individuals will be made direct to the supplier(s). Please provide details of any suppliers/contractors who will be involved.

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| --- | --- | --- |
| **Supplier / contractor** | **Amount** | **Details** |
| *EXAMPLE – Bloggs Bulbs, The Mill, Pinchbeck, Spalding PE12 8PP* | *£300* | *Supply mixed wild flower seeds and bulbs* |
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| **TOTALS** |  |  |

***Original invoices will be required before any suppliers/contractors can be paid.***

4.2 **GROUPS ONLY**: Please supply the following information.

a) Bank or building society name:

b) Bank or building society account address:

c) Group’s name on the account:

Is this the same as on your constitution / governing document?  Yes  No

d) Account details: account number sort code

building society roll number *(if applicable)*

e) Address your bank or building society has for your group on this account *(i.e. the address to which statements are sent):*

f) Please provide minutes approving and certifying your most recent accounts.

/ /

Accounts for year ending *(dd/mm/yyyy):*

g) Have your accounts been independently audited?  Yes  No

4.3 **Community Project Applications from 2 + Individuals Only**: There must be at least 2 individuals named below

Name and Address of project organisers:

**Section 5 – REQUIRED INFORMATION**

**5.1 CHECKLIST: Please ensure that:**

1. You have completed every question on the form (where relevant);
2. You have signed and dated the Declaration below;
3. GROUPS – you have included a copy of your group’s latest signed off annual accounts (in the case of a new group, evidence that you have a bank account in the name of the group and your most recent bank statement);
4. GROUPS – you have a constitution that the Trust may require sight of.

**5.2 DECLARATION:** I/We have read and understand the guidelines and have completed the application form in accordance with those guidelines.

I confirm that the information I have given is correct and that failure to give all relevant information may result in this application being delayed or rejected.

I understand that the Trust may request further information if clarity is needed on any point within this application.

Signed: ……………………………………………………. Date: …………………………………………………..

Signed: ....................................................... Date: .......................................................

**WHAT HAPPENS NEXT?**

Your application will be checked and, if complete, you will be sent a reference number.

Your application will be considered by the Trustees at their next quarterly meeting.

You will be informed (either by email or letter) of their decision.

**PLEASE EMAIL THE COMPLETED FORM TO:** FGCTrust@outlook.com

or post to: The Clerk, Firsby Group Parish Council, Crosslands, Wainfleet Road, Irby in the Marsh, Skegness PE24 5AY.