



# BUNGAY TOWN COUNCIL

Bungay Town Council, 1a Broad Street, Bungay, Suffolk, NR35 1EE

Tel: 01986 894236

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Website: [www.bungaytowncouncil.gov.uk](http://www.bungaytowncouncil.gov.uk)

## BUNGAY TOWN COUNCIL'S GRANT SCHEME APPLICATION FORM

Name of organisation:	
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Contact Name:		Position Held:	
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Address:	
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Post Code:		Telephone No:		E-mail	
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1. What are the organisation's aims and objectives?

Project Grant (A grant of a one-off nature for, for instance, the purchase of equipment or services to provide or improve a facility or activity for the residents of Bungay?)	Y/N
Operational Grant (An annual grant to support the ongoing costs of the organisations activities)	Y/N

2. Is your organisation a registered charity?	Y/N	Charity No:	
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3. Is your organisation part of, or affiliated to, any national organisation?	Y/N
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If yes, please give details:	
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4. What is the catchment area covered by your organisation?	
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5. Briefly describe the project/purpose for which you require a grant.

6. How will the project benefit the community/residents of Bungay?

Please tick

Which of the following criteria does your grant application meet:	Benefits the residents of Bungay as a whole	
	Benefits a specific category of residents of Bungay, particularly disadvantaged or vulnerable sections of the population	
	Provides a service of facility not currently provided elsewhere in Bungay	
	Adds to or improves existing facilities	
	Makes better use of under-used Town Council facilities (i.e. play groups/sport groups)	
	Is freely available to all sections of the community	

7. Address/location of the project (if different to the correspondence address)

8. Is your organisation VAT registered?	Y/N	VAT No:
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9. Start date of project?	Expected end date?
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10. Financial Assessment

10.1 Estimated cost of project: *(please provide a breakdown of the total cost of your project)*

*Continue on separate sheet if necessary*

VAT (if applicable)	£
Total estimated cost of the project	£

10.2 Funding of the project  
*(please indicate how your organisation plans to fund the project)*

Funds immediately available from your organisation	£
Funds that you intend to raise yourself from events	£
Grant requested from Bungay Town Council	£

<b>TOTAL FUNDING OF THE PROJECT</b>	£
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11. Please give details of any reserves or savings held by your organisation

12. Have you applied to other organisations for funding for this? If not, please give details	Y/N
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If yes, please give details (please complete all relevant boxes).

Grants or loans applied for / confirmed from other organisations

TO WHOM APPLIED	DATE APPLIED	AMOUNT REQUESTED	AWAITING DECISION	AMOUNT RECEIVED	DATE RECEIVED

13. Has your organisation received a grant from Bungay Town Council in the last three years? <i>(We ask this as priority will be given to those organisations/groups who have not received a grant award)</i> If yes, please give details, i.e. dates and amounts	Y/N
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DATE AWARDED	PURPOSE FOR WHICH GRANT AWARDED	AMOUNT AWARDED

14. Name of the organisation/group to be inserted on the cheque if successful?

15. How is your organisation normally funded?
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SUBSCRIPTIONS	FROM	AMOUNT
Grant Aid		
Gifts		
Collections		
Raffles		
Other		

16. How many residents in the Parish of Bungay, will benefit from the Grant?

*(Note: if the grant is for a public and/or one-off event, the percentage of Bungay residents attending or expected to benefit from the grant should be entered).*

Total number who are beneficiaries	
Total number of the above who are resident in the Bungay Parish	

15. To assist this Council in processing your application, please give any details you feel may be significant in helping to explain and justify your request for a Grant.

*Continue on a separate sheet if necessary*



## DECLARATION OF ACCEPTANCE

If incorrect, inaccurate or misleading information is provided, the Council may refuse your application. Any fraudulent claims will be refused.

I declare that any grant made will be used solely for the purposes outlined in this application. I understand that Bungay Town Council reserves the right to reclaim the grant in the event of it not being used for the purpose specified.

Name: <i>Please print</i>	
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### **I have read, accepted and fully understand the Grants Criteria**

Signature on behalf of applicant:	
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Position:	Date:
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### **DOCUMENTS TO SEND WITH YOUR APPLICATION:**

The following documents **MUST** be submitted with your application:

- A copy of your organisation's audited or independently examined accounts including balance sheet for the past financial year, copy bank statement and bank reconciliation as at the last balance sheet date.
- Up-to-date statement of any investment accounts.

Please note: the payment of a grant by Bungay Town Council is made strictly on the understanding that should the project not go ahead; all monies will be returned to the Town Council. When completed, this form together with supporting documents, should be sent to:

The Town Clerk  
Bungay Town Council  
1a Broad Street  
Bungay  
NR35 1EE