



Agenda Item No. 17 Appendix D

GRANT APPLICATION FORM

If you find the text in this leaflet difficult to read we can supply it in a format better suited to your needs.

Reference number (for official use only)

TELL US ABOUT YOUR GROUP

Name of group

1. Contact details

Name of the main contact in the group (the person we should write to, this must be the same person who signs question 27)

Title	First Name
Surname	
Position held	in the group
Contact addre	ess, including full postcode

Post code

Yes O No C

Telephone: Daytime	Evening
Fax	Email

2. When was your group set up?

Month	Year	

3. Is your group formally constituted?

(please enclose a copy of your Constitution)

4. Does the project address any of Wyre Forest District Council's Key Aims? (tick as appropriate)

- O AI
 - A better quality of life
 - \mathcal{J} A sustainable environment
- С
- A vibrant local economy
- A well run and responsive Council

and the Sustainable Community Strategy Aims? (tick as appropriate)

- O Communities that are safe and feel safe
- O A better environment for today and tomorrow
- O Economic success shared by all
- O Improved health and wellbeing
- J Meeting the needs of children and young people
- J Stronger communities

5. What are the main activities of your group, or what services do you provide?

6. How many people are involved in running your group? Put numbers in the boxes

Committee members	Paid staff	Full time	Part time	Volunteers	

7. How do you attract new members to your group?

8. Is your group VAT Registered?

Yes O No O If yes, please give number

TELL US ABOUT THE GRANT YOU ARE REQUESTING

9.	How will the grant be used?

10. Please give up to three measurable outcomes that should be achieved upon completion of your project.

(1)		
(2)		
(3)		

11. When and where will the project, event or activities take place?

(where possible give start and finish dates and venue address including postcode)

12. How did you identify the need for this project?

13. How much money will the project cost?

If you are not VAT registered, please include VAT where it applies. Also please supply copies of three quotes for works / goods involved.

Item / Activity	Amount (£)
How much are the total project costs?	£

14. Amount requested from Wyre Forest District Council

£

15. Please tell us how the project is to be fully funded, including if you are applying to any other funding body.

Funding Body	Amount £	Successful? Yes / No/ Pending
Parish Council		
Own Cash Contribution		

The total funding in questions 14 and 15 should equal the project cost in question 13.

16. Please describe any other non-financial contribution you are making towards this project.

Try to estimate the cash value of any 'in kind' contribution e.g. voluntary work / donated materials.

17. Please tell us if you have applied to Wyre Forest District Council for grant funding before.

Date	Project Details	Amount £	Successful? Yes / No

TELL US ABOUT WHO WILL BENEFIT FROM THE GRANT

18. What ages are the majority of people who will benefit from the grant?

0-5 O 6-10 O 11-16 O 17-18 O 19-25 O 26-59 O 60+ O All ages O

19. Where do most of the people who will benefit from the award live?

Name	of	town	or	village
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20. How many people will directly benefit from the grant?

Please give approximate number

21. Is your project directed at, or of particular relevance to, a particular group of people?

If you have answered No please go to guestion 22 No

If you have answered Yes indicate the people who will benefit from your project, Yes (tick as appropriate below

Disadvantaged people living in rural area

S	C

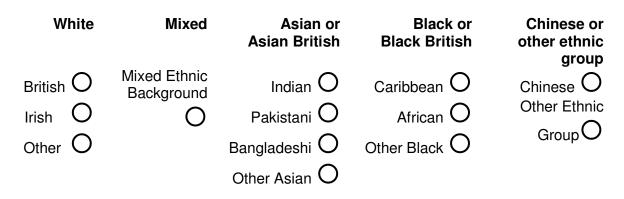
Disadvantaged people living in urban areas

Other

22. Is your project directed at, or of particular relevance to, people from a specific ethnic background?

If you have answered No please go to guestion 23 No

Yes O If you have answered Yes indicate the ethnic background of the people who will benefit from your project, tick up to 3 categories



23. Is your project directed at, or of particular relevance to, people of a specific gender?

	\cap		\cap	If yes, please tick		\frown		\cap
Yes	\bigcirc	No	\cup	If yes, please tick	Male	U	Female	\cup

24. If your project directed at, or of particular relevance to, people with disabilities? Yes O No O

Please note that the information being gathered in questions 21-24 is for monitoring purposes only and will not be used to assess your application.

OTHER DETAILS

25. What plans do you have to maintain the project when it is completed?							

26. Please give any other information which may support your application (for

example, you may need to explain any large reserves shown in your Accounts).

27. Your signature

This must be the signature of the main contact named in Question 1.

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for information at any stage of the application process and for evaluation information to demonstrate successful completion / use of the project.

Signed

Date		

Wyre Forest District Council will use the information you provide on this form for grant administration and for sending you future mailings about District Council activities. The Council will show the information you provide to such of its employees and agents as need to see it to achieve the purposes stated above. Your information will not be disclosed other than within the District Council's notification under the Data Protection Act 1998, unless the law allows us to do so.

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