

# Stocksbridge Town Council



## GRANT APPLICATION FORM

1. Name of group: .....

2.

**Contact details of Chairman**

**Contact details of Secretary**

Name.....

Name.....

Address.....

Address.....

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.....

Tel.....

Tel.....

Mob.....

Mob.....

Email.....

Email.....

3. Amount of Funding Requested: - .....

4. Would the Project continue /or not continue without this grant? .....

5. Geographical area covered by activity/project: .....

6. Please state membership numbers of the group and state what percentage live in the area (i.e. Stocksbridge, Deepcar and Bolsterstone)

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7. Who are the intended users of the activity/project/ who will it benefit?

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**8. Reason(s) for request**

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(Continue on separate sheet(s) if necessary)

**9. Breakdown of costs for the funding required**

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(Continue on separate sheet(s) if necessary)

10. Please supply a copy of the following: ( if applicable)
- a) Public liability insurance schedule/policy and renewal receipt stating current cover to a minimum of £2million in any one accident
  - b) Your latest set of financial accounts, a note of the current balance in hand and what this is earmarked for, if anything
  - c) A copy of your Group's constitution (unless previously supplied)
  - d) Copy of any permission required for 3<sup>rd</sup> party use


11. If relevant, is there a policy in place for safeguarding/child protection? YES/NO

12. Please give details of any other sources of grants which you have approached and the results of these requests

- 1.....£..... Successful Y/N.....
- 2.....£..... Successful Y/N.....
- 3.....£..... Successful Y/N.....

13. Please confirm that you will give Stocksbridge Town Council credit for the grant in all media or other publicity (such as programmes/leaflets, Newspapers, Social Media, Web pages, Sponsored clothing etc.) YES/NO

**I certify that the above information is correct to the best of my knowledge.**

**I enclose all the required details**

**If the grant application is successful I agree to abide by the Council's Grants Policy in full**

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

Signed: ..... (Position in Group) Date:.....

**Please return to Stocksbridge Town Council  
Town Hall, The ARC, Manchester Road, Stocksbridge, Sheffield, S36 2DT  
Telephone/Fax: 0114 288 7895 :email: [admin@stocksbridge-council.co.uk](mailto:admin@stocksbridge-council.co.uk)**

For Council Use Only: -

Application Received DD/MM .....	Grant Allocated £.....
Application to Finance Committee DD/MM.....	Grant Returned Unused £.....
Approved / Declined (circle) See Minutes	Total Cost of Grant.....
Cheque Number..... Account.....	

Please refer to the Town Council's website which has a dedicated page for GDPR this holds information on how your data is handled by the Town Council.