Clun Town Council with Chapel Lawn
Grant Application Form

How to use this form: This form can be printed and completed by hand or can be filled in electronically. Please try to keep you answers as short as possible and complete all the sections.

Return completed applications to: by email to clerk@cluntowncouncil.gov.uk; by post to The Town Clerk, Clun Town Council with Chapel Lawn, Old Fire Station, Broad Street, New Radnor, Presteigne, LD8 2SN.

Section A – Grant information applicant and name of funding application

Name of the Organisation: Address: Website and Facebook, if available: Registration if a charity or Community Interest Company	
The name of the project/activity you are applying for?	
When will the project start and finish?	
Name of the person making the application on behalf of the organisation/group	
Position held in organisation/group	

Telephone and email	
Bank details	Bank name: Sort Code: Account Number:
Have you received a grant from this council in the last 2 years? If so how much and what was it for?	
What are the 3 key aims of your organisation or group?	
Which of the following five areas best fits your organisation or group's area/s of interest	□ Sport and Fitness □ Arts and Culture □ Young People, Children and Families □ Health and Wellbeing □ Environment and Biodiversity

Section B Financial Information

Financial Information	
What is the **total** cost for the project/activity? Please supply a full budget giving a breakdown of costs if you are applying for a grant over £500	
What is the amount requested from the Town Council?	
Are you applying for funding elsewhere? If so, where, for how much and when will you know?	

Section C – Criteria

Clun Town Council with Chapel Lawn will support groups, activities and projects which include steps to:

- Benefit the community
- Strengthen lifelong learning, health and wellbeing
- Improve accessibility and inclusion in the area
- Support the environment and sustainability and not add to potential damage

Please tell us about your project/activity and how your fits with these criteria.
(500 words maximum)

Additionally we would like to know about who you are working with and the long-term impact of your project/activity. Please answer the following questions

1. How many people will this funding benefit?
2. How many are involved in decision making and ownership of this project?

3. Will this encourage more residents to get involved? If so how?
4. Are you partnering with other groups in the area?
3. How will you be sure your activity/project is successful? What will you be measuring and how will you measure it?
4. How will you keep the Town Council informed about the funding's project/purpose?

Section D – Application Declaration
We confirm that all the information contained in this application is true and accurate to the best of our knowledge and belief, and that we are authorised to submit this application on behalf of the group to benefit the local community.

Please tick the box to agree. ☐

Please tick the box to say you are including the following:
Accounts ☐ Bank Statement ☐ Constitution ☐

Signature 1 (person submitting the form)	
Signature 2 (Chair or senior representative of the organisation)	
Date	