



GRANT APPLICATION FOR VOLUNTARY ORGANISATIONS

Local Government Act 1972

Tier 1 for grants up to £500

Tier 2 for Grants up to £3,000

Please refer to our Grant Aid Policy for assistance on completing this grant application form.

The grant application is in three parts:

- 1. Grant Application:** This gives us information about you, your organisation and the project you would like us to support. Please write your answers in the boxes provided.
- 2. Supporting Evidence Checklist:** Please read the checklist carefully and provide ALL items that are relevant to your application. The Town Clerk **will not be able** to submit incomplete applications for consideration by Council.
- 3. Signature** for the grant application and **acceptance** of the terms and conditions. This must be the signature of the applicant and the applicant must have authority from the applying organisation to apply and to agree to the terms and conditions of the grant.

1. Grant Application

Name of Applicant or Organisation	
Name of key contact (if relevant)	
Key contact position in organisation (if relevant)	
Address and postcode for correspondence	
Telephone number (landline & mobile)	
Email address	
Website address	
Project start date	
Project end date	
Project description (maximum 500 words)	

Please explain:

1. What will your project do?
2. Where will it happen?
3. Who will do it, and why those people?

How will the Haverfordwest community benefit from this project?

(maximum 500 words)

Consider:

1. How many people will benefit, and who / which groups?
2. What will the benefit or benefits be?
3. Which of the six Wellbeing outcomes are being met and how?

(please see the "Grant Aid Policy – Grant Aid Guidance for Applicants")

Total cost of project	
Amount of Grant requested	
Match Funding If the total cost of the project is more than the grant, how will the balance be financed?	

2. Supporting Evidence Checklist

Please complete the checklists below as instructed and provide the relevant documents with your grant application.

Provide supporting evidence for each item in 'all applications' section and for each item in the list relevant to the applicant (individual / new groups / organisations).

Item	Tick below
ALL APPLICATIONS	
Breakdown of project costs Please list all the cost that must be covered to deliver your project. Please indicate which of these costs the grant from Haverfordwest Town Council will cover.	
Evidence supporting the costs breakdown including written quotes or estimates	
Evidence of any project specific match funding noted in the 'Match Funding' question	
TIER ONE	
A reference or supporting letter from an organisation based in / individual living in Haverfordwest	
TIER TWO	
Your organisation's constitution or rules	
One year's approved accounts for your organisation, or a note explaining why you do not have these	
Your dual signatory banking mandate	
Your organisation's most recent bank account statement	
If your project will work with children or vulnerable adults, your organisation's adopted Protection Policy	
If your project requires it, evidence of adequate public liability insurance	

You may also provide if you wish:

Item	Tick below
One or more letters of support	
Evidence of any other funders supporting your organisation (not project specific)	

3. Signature and Acceptance

Name of applicant

On behalf of organisation (if applicable)

.....

Position in organisation (if applicable)

Address

.....

.....

I, as the applicant, accept the **Terms and Conditions** below. I have authority from the applying organisation to apply for the grant and to accept the terms and conditions. Electronic signatures are acceptable.

Signed

Dated

Terms and Conditions

- All applications are approved by Full Council and the decision is final. Meetings of the Town Council are open to members of the press and the public, and minutes of the meetings are available from the Town Council office, the Town Council website and the town library.
- If you receive a grant, it may only be used for the purpose set out in the application form and it cannot be given to any other group. The Council will not give retrospective grants to cover costs that have already been incurred and the grant cannot be increased. Your grant will be paid by cheque made payable to the organisation / applicant detailed on the grant application form.
- Only one grant per year will be awarded to applicants for each project for which the grant is sought. The awarding of a grant in one year will not preclude, but nor will it set a precedent for continued support in future years.
- Groups working with young people and / or vulnerable adults will be required to have protection policies in place.
- Applicants will need to demonstrate that they have adequate public liability insurance for their activities.
- We require all applicants to complete a short report to tell us what you have achieved with the funds. We will also ask you to prove that the money was spent for the intended purpose.
- Recognition of the grant from Haverfordwest Town Council must be made in any publicity and detailed in the group's accounts.
- Haverfordwest Town Council may use the details as provided in the application form to publicise any funding provided.
- We will use the name of your group (excluding personal data) and its project in our own publicity material.

- When a grant expires, Haverfordwest Town Council has no commitment to provide any further funding for the project.
- Maximum grant payable will be £3,000. Any group awarded a grant of over £2,000 may be allocated a Council Member who will act as an observer and link with the Council.
- Due to a limited budget, we cannot guarantee that the full amount of grant funding requested will be awarded.

Please return the completed grant application with all supporting information to:

Town Clerk and Financial Officer • Clerc Y Dref ac Swyddog Ariannol

Haverfordwest Town Council • Cyngor Tref Hwlfordd

Old Wool Market, Quay Street, Haverfordwest, Pembrokeshire SA61 1BG

Hen Farchnad Wlan, Stryd Y Cei, Hwlfordd, Sir Benfro SA61 1BG

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