**Please complete this application form in black ink and block capitals or electronically**

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| THE ORGANISATION AND APPLICANT |
| Name Of Organisation |  |
| Name of Applicant |  |
| Contact Address (please include the postcode) |  |
| Email Address |  |
| Telephone Number |  |
| How long has your organisation been established? |  |
| Status If a registered charity, please give the number |  |
| Are you part of or affiliated to a larger organisation?If yes, please give details |  |
| Please provide the bank details for the account you wish to receive your grant application payment into (if your application is successful) | Account Name:Account Number:Sort Code: |

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| **SIGNATURE AND DECLARATION** |
| I declare that the information given is correct to the best of my knowledge and that any funds received will be used solely for the purpose detailed on this form.I/We understand that documentation supplied will not be returned and may be made available for public scrutiny including but not limited to through the website of Bishop’s Stortford Town Council.I/We agree to make invoices available on request and abide by any conditions set out if an award is made. I/We agree to return any grant if the project cannot proceed.I/We agree that, if successful, details of the project may be published by the trust on the website of Bishop’s Stortford Town Council.I confirm that I have authorisation to apply for a grant on behalf of the organisation and understand that if I make misleading statements at any stage during the application process, or knowingly withhold any information that this could make my/our application invalid and I/We could be liable to repay any funds to us. |
| Name of Contact |  |
| Capacity/Role in Organisation |  |
| Organisation  |  |
| Signature |  |
| Date |  |

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| --- | --- |
| **NAME OF ORGANISATION** |  |
| **APPLICATION NUMBER** **(Office Use Only)** |  |

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| **FUNDING** |
| Total cost of project | £ |
| Grant requested | £ |
| Amount already raised | £ |
| Where will the balance come from? |  |
| Is the grant for revenue, capital or both? |  |
| Have you previously applied to Brazier Trust or Bishop’s Stortford Town Council to support this project?If so, when? |  |
| Please attach your most recent accounts, balance sheet and a pro-forma or quotation for the project  |
| If your grant application is successful, please state to whom the grant cheque should be made payable to |  |

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| **THE PROJECT** |
| What is the address at which the project will take place? (please include the postcode) |  |
| Please describe in a single sentence what the grant is for |  |
| On **one side** of a separate sheet, please provide further details to support your claim including; for example: the nature of the project, who will benefit, if you are a club how many members do you have, who you have consulted about the project, how you propose to recognise any contribution made by Brazier Trust and what support has been received or expected from other organisations. |

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| --- | --- |
| **NAME OF ORGANISATION** |  |

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| **TIMESCALE** |
| When do you expect to start the project? |  |
| When do you expect the project to finish? |  |
| Will the project require any ongoing maintenance?If so how will this be funded? |  |

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| **CHECKLIST – Please confirm the following (please tick)** |
| A single sheet describing the project is enclosed |  |
| Most recent accounts and balance sheet or explanation why this cannot be provided and alternative evidence of financial viability and status are enclosed |  |
| A pro forma or quotation for the project/activity is enclosed |  |
| I confirm that this application is valid under the Brazier Trust grants policy |  |
| **That no application has been made for a grant from the Brazier Trust or Bishop’s Stortford Town Council during:** |
| The past 12 months if this is an application for capital funds |  |
| The past 36 months if this is an application for revenue funds |  |
| **PLEASE NOTE: If you cannot confirm all of the above your application will be returned or rejected** |

Applications are considered at ordinary meetings of the Town Council (which is the Trustee).

The dates of these meetings which are published on the Town Council website.

Fully completed applications must be received no less than 6 working days (*not including the submission date and the date of the meeting*) before the meeting to be considered.

Please return this form and supporting documents to:

Brazier Trust Grant Applications, Bishop’s Stortford Town Council, The Old Monastery, Windhill, Bishop’s Stortford, Herts. CM23 2ND *or by email* to grant.applications@bishopsstortfordtc.gov.uk

The General Data Protection regulations, which come into force in May 2018, will strengthen the protection given to individuals’ personal data under the Data Protection Act 1998. The Council may use the information provided to process the grant application. It may check some of the information with other sources within the council, other councils and government departments. Information will not be passed to third parties except where necessary to process the application.  Your name ONLY and any decision made will be recorded as part of the minutes from the meeting that grant applications are discussed; they will form part of our bound minutes and will be kept for an indefinite period.  We do not process data outside the EU, but please note that this data may reside or pass outside the EU in the course of transmission (e.g. via email). You can find out more about how we use your data from our “Privacy Policy”, which is available from The Town Council website or from the Town Council Office.