Fulmodeston & Barney Parish Council Grants for the Benefit of People of the above Parish

Please read the Terms and Conditions Prior to Filling in this Application Form

Please send this application form to: Fulmodeston & Barney Parish Council, 1 Townsend Green West, Fakenham, NR21 8NQ or email to <u>fulmodestonpc@outlook.com</u> For further information please call 01328 855046

Section A: Organisation

Project name:	
Organisation:	
Contact Details	
Primary contact name:	
Position (within applicant organisation)	
Contact address:	
	Post code:
Telephone Numbers: Day:	Night:
Email address:	
Date of submission:	

Section B: About your Project

Q1) Please describe your project. Remember – it can only be for <u>CAPITAL FUNDING WORKS</u>

- Describe the aim of your project in one sentence below
- Why is your project important?

•	How have you identified a need for your project? (Please attach any evidence)
•	Who will your project benefit?
	What will your project achieve?
•	
) Discuss active statistic the number of people who are likely to be politized to be president and
	Please estimate the number of people who are likely to benefit from your project and e method you have used to arrive at that figure?
It is	s important to be as realistic as possible with this figure. How many people do you
CU	rrently work with and how many people will benefit from this project?
	mber of
be	neficiaries:
Me	ethod used to arrive at this
fig	ure:
Wł	nat Age Range(s) would your project benefit 0 -18 🗆 18-65 🗆 65+ 🗆
Q3	B) Please tell us when you plan to start and complete your project? It is best to be realistic
	d honest about these time scales, we don't want you to set unrealistic goals.

<u>.</u>	
Start	date:
JIULI	uuie.

Expected completion date:

Section C: Financial

Q4)			
A) What is the total cost of your project? \pounds			
B) Does the total cost given include VAT? (Please circle)	Yes	No	
C) Will you be reclaiming VAT? (Please circle)	Yes	No	

Q5) Please give a full breakdown of all the costs involved in your project. These costs can be estimated, however we will require proof of estimates and full project costs. Any under spend will need to be returned to Fulmodeston & Barney Parish Council.

Description	Amount
Total Cost (This should be the same as in A above)	£

Q6) Please state how much funding you are requesting from Fulmodeston & Barney Parish Council towards this project.

Total: £.....

What is this as a % of the total cost?.....%

Name of Funder or method of fundraising	Amount requested (£)	% of total	Funding confirmed: Please ✓ or ×	Outcome decision: date expected
Total:				-

Please detail any local fundraising you may have done and any contributions you may have secured from other local organisations. Copies of offer letters from other funders and other financial contributions will be required.

Q8) If you have a shortfall in funding, please state how you intend to meet the shortfall?

Section D: Policy & Declaration

Does Your Organisation Have:

- Independent Referee Signatures
- □ A Constitution or a Set of Rules by Which Your Organisation Runs
- □ Its Own Bank Account / Annual Accounts independently audited
- Copy of Bank Statements with name of account, sort code, account number
- □ If Dealing with Vulnerable People (i.e. Children and Vulnerable Adults) a Policy to Protect These People

Evidence of the above will need to be supplied with the application.

I declare that to the best of my knowledge and belief, the information given on this application form and in any supporting material is correct. I understand that you may ask for additional information at any stage of the application process.

Signature:..... Name of signatory:....

Position of signatory:....

Date:....

Whoever signs this declaration and takes overall responsibility for this funding on behalf of the group must be 18 years age or over.

Fulmodeston & Barney Parish Council has the right to decline an application and or claims if not satisfied with evidence or policy declaration