

**APPLICATION FORM FOR GRANTS OF OVER £500**

**Guidance Notes**

**Please read these guidance notes carefully. If you have any queries, please contact the Clerk to the Council for clarification.**

1. The Community Council has a limited budget for grants and may not be able to fully fund grant requests.
2. Grants will only be awarded to **charities or community voluntary groups** working for the benefit of the Gresford, Marford and Hoseley area.
3. **Grants will only be awarded for defined project or capital costs**. We do not award grants to commercial organisations. If non-commercial groups are seeking support for ongoing costs such as rents, utility costs, salaries, etc., they should ask for the ‘under £500’ grant form and consider the guidance notes for those grants carefully.
4. Applications **must NOT be for retrospective funding** (projects/goods already purchased) except at the exceptional discretion of the Finance Committee and thereafter the Community Council, where expenditure has been incurred urgently. You should discuss your application for retrospective funding before sending in your application.
5. All grant applications must be on the appropriate form, fully completed, and must be accompanied by a signed copy of your constitution, an up-to-date bank statement, a signed copy of your audited accounts for the previous year and, where appropriate, **at least two quotes** from suppliers. The bank statement is purely to ensure there is an audit trail to an appropriate account and will not be used to consider whether you receive a grant based on the amount of money in your account.
6. Please cost your application carefully - *if you have an underspend of this grant the Community Council reserves the right to request the return of unspent monies.*
7. Grant applications must be received by the Clerk to the Council (see details below) by no later than **30 November** in any year.
8. **Applications will be considered by the Finance Committee of the Community Council during January, and will be ratified at the February meeting of the full Community Council. Applicants will be informed as soon as possible after that date of the outcome of their application. Grants will not be awarded outside of that timescale, except see (ix) below.**
9. Groups may only apply for one grant per financial year.
10. If grants are required **urgently,** outside of the stated timescale, a member of the organisation must attend a meeting of the **Community Council Finance Committee** to present on behalf of their group.

1. The Community Council reserves the right to ask for further information as it deems necessary.

**You will are required to complete and return the attached Monitoring Form within 9 MONTHS of the award of the grant, so please keep your receipts and invoices safe. You will be contacted by the Clerk to Council at that time to remind you to do this.**

IF YOU DO NOT UNDERSTAND ANY OF THE QUESTIONS ON THE APPLICATION FORM, OR NEED CLARIFICATION, PLEASE CONTACT THE CLERK on clerk@gresfordcommunitycouncil.gov.uk or telephone 07470 631184, stating your query and leaving a contact telephone number, and she will ask someone to contact you to discuss your application.

**Please read the Guidance Notes for this grant before completing this form. ALL sections must be completed. Failure to complete all sections, or to attach required documents, may result in a negative response.**

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|  | **Question** | **Your responses** |
| **1** | Name of Group |  |
| **2** | Name of bank account cheque is to be made out to if application is successful ***OR*** bank details for electronic payment. **Up-to-date bank statement required. See Section 17** |  |
| **3** | **Contact person’s details****Please see also requirement for an additional person to sign this form. See Section 17** | NameAddressPhone No EmailRole in Group |
| **4** | What type of group are you?(Tick as applicable) | Charity (*please provide charity number*)Voluntary Community GroupYouth GroupOther *(please specify)* |
| **5** | How many people are involved in running your group? | Committee Members Other VolunteersPaid Staff*(Please insert numbers)* |
| **6** | What are the aims of your group, generally? |  |
| **7** | What geographical area does your group cover?If your geographical area is larger than the Community Council area, please define how you will ensure that this area receives benefits from the grant. |  |
| **8** | Do you have a set of rules or a constitution?***Please include a signed copy of your rules/ constitution with your application submission. See Section 17.***  | **Please circle as appropriate: YES / NO** |
|  | **ABOUT YOUR PROJECT/PURCHASE** |
|  | **Question** | **Your responses** |
| **9** | **DESCRIPTION**Describe the need, project or activity which you are asking the Community Council to fund. **(Please see Guidance Note ii)** |  |
| **10** | **YOUR OVERALL AIM**What do you hope to achieve by running this project/purchasing these items?Please tell us exactly what you will do, and what results you hope to see as a result of projest/purchase. |  |
| **11** | **COSTS and FINANCIAL INFO**Please give us a full cost breakdown of what you are intending to use the funding for.***Applications for work to be undertaken, or equipment to be purchased, etc, should include at least TWO quotes from suppliers with your application submission. See Section 17.*** |  |
| **12** | Please tell us what the **TOTAL** cost of the project will be, including this grant. | £ |
| **13** | **Please tell us the total amount of grant you are applying for from the Community Council** | **£** |
| **14** | Have you raised any money yourselves towards this particular project? If so, please tell us how, and how much. If not, please explain why you have not done so. |  |
| **15** | Do you have **confirmed** financial or in-kind support from anyone else for this particular project?If not, would it assist your fundraising if you received a Letter of Intent from the Community Council to take to other funders? Funding from the Community Council would then be ring-fenced, but payment would be dependent on you obtaining sufficient funding, overall, to complete the project. |  |
| **16** | If your application is successful, do you want this money to be paid in one payment, or on a phased basis?  |  |

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|  | **ATTACHMENTS and DECLARATION** |
| **17** | ***Please attach to your application form*** * *a signed copy of your Constitution;*
* *a copy of an up-to-date bank statement;*
* *signed audited accounts for the previous year; and*
* *quotes from at least* ***TWO*** *suppliers are required for applications relating to the purchase of goods/services.*
 |
| **18** | ***Please note – this section must be signed by******someone other than the person named as the contact.***I confirm that this application has been fully discussed by our group and that we are in favour of this application being made.I confirm that all the required attachments are included with this application. | SIGNATUREPRINT NAMESTATE ROLE IN GROUPDATE |

**Please return this form and any attachments to:**

Camilla Povey, Clerk to Gresford Community Council, 8 Stancliffe Avenue, Marford, Wrexham LL12 8LP or by email to clerk@gresfordcommunitycouncil.gov.uk

If you have any queries, please either email as above, or telephone 07470 631184.

**All applications will be acknowledge as received. If you do not receive acknowledgement please contact the Clerk, as above.**

|  |  |
| --- | --- |
|  | **FOR OFFICE USE ONLY** |
|  | Outcome | Grant Awarded YES/NO  Amount: £ |
|  | Signed  | Signed as agreed by the Chairperson of Gresford Community Council DATE: |

**GRANT AWARD OF OVER £500 – MONITORING AND EVALUATION FORM**

**GRANT AWARD OF OVER £500 – MONITORING AND EVALUATION FORM**



**This form should be returned to the Clerk to the Community Council within 9 MONTHS of the award of your grant**

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| --- |
| **THIS FORM MUST BE RETURNED NO LATER THAN THE END OF SEPTEMBER** |

|  |  |
| --- | --- |
| **GROUP:** |  |
| **CONTACT NAME:** |  | **TELEPHONE NO:** |  |
| **EMAIL:** |  |
| **POSTAL ADDRESS:** |  |
| **GRANT AWARDED FOR:**  |  |
| **CONFIRMATION**Please confirm that your project/purchase went ahead. | **Please circle as appropriate: YES / NO** |
| Did it go ahead largely as specified in your grant application form? | **Please circle as appropriate: YES / NO** |
| If you have circled ‘No’ in your previous answer, please explain how it departed from your bid specification, and why. |  |
| **TOTAL AMOUNT OF GRANT AWARDED** | **£** |
| **TOTAL AMOUNT OF GRANT SPENT** | **£** |
| **SPENDING**Please itemise your spending.Please note – you should include copies of all invoices/receipts for purchased items or services.**NB. If you have a grant underspend, the Community Council reserves the right to request the return of unspent monies.** |  |
| **OUTOMES/BENEFITS**Do you feel you achieved your overall aim, as stated in your application?Please identify specific outcomes or benefits for your group and the wider community that have come about by the use of this grant. | **Please circle as appropriate: YES / NO** |
| DID THE PROJECT/WORK GO SMOOTHLY OR DID YOU EXPERIENCE DIFFICULTIES? |  |
| WERE YOU HAPPY WITH THE GRANT FUNDING PROCESS? |  |
| WILL YOU BE APPLYING FOR MORE COMMUNITY COUNCIL FUNDING IN THE FUTURE? |  |
|  |  |
| **DECLARATION** |
| **We, the undersigned, are returning this Monitoring and Evaluation Form on behalf of the group, as stated above, and confirm that it is a true record of finances and outcomes and benefits for this funding.** |
|  |
| **SIGNED (1)** |  |
| **POSITION IN GROUP** |  |
| **SIGNED (2)** |  |
| **POSITION IN GROUP** |  |
| **DATE** |  |

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or by post to 8 Stancliffe Avenue, Marford, Wrexham LL12 8LP

If you have any queries, please either email as above, or telephone 01978 355135