Deal Town Council Grants Programme 2020-21

Appendix 2a SPECIAL PROJECTS – EMERGENCY AND RECOVERY Application Form

Please add any additional information you want to give us on a separate sheet.

		7 7 0 0 11 0 11 0 11 0 11 0 11 0 11	
1. Your Organisation			
Name of organisation			
Contact name and position in organisation	NAME:		
,	POSITION:		
Contact details	ADDRESS:		
	TEL:		
	EMAIL:		
Registered charity / CIO	YES/NO:	Charity No:	
Co. Ltd by Guarantee or CIC	YES/NO:	Company No:	
Community Group, Club or Association	YES/NO:	Details:	
Other	YES/NO:	Details:	
Have you received a gran Town Council?	t within the	last 3 years from Deal	YES/NO:
If yes please provide	Year	Amount	
information			

2. Your Project	
Please describe your project or activity.	
How does the project /activity fit in with the EMERGENCY AND RECOVERY theme?	
What is the proposed start and finish date	START: FINISH:
Does your organisation meet the needs of all residents of Deal town? If not, which groups of people benefit from your activities?	
Does your organisation benefit people outside Deal Town Council's area?	See https://maps.dover.gov.uk/webapps/Wards/ YES/NO:
If yes what proportion of your beneficiaries live in Deal town?	%
Explain what a Deal Town Council grant would be used for, if awarded.	

Please give the FULL cost of your EMERGENCY AND RECOVERY project. Please continue on a separate sheet if necessary Total cash cost ### How many volunteer hours are involved? Please list any other 'in kind' contributions and value in £. Please give details of other funding applied for but not yet secured Please give details of other funding already secured ### Funding received from	3. Financial Details	Item	£
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Please give details of any cash contribution from your organisation			£
			£
	Please give details of any	cash contribution from your organisation	
-		, ,	£
How much grant are you requesting from Deal Town Council?	How much grant are voi	u requesting from Deal Town Council?	
£			£

4. Checklist: Have you provided	Yes/No	If 'No', give the reason
A fully completed application form		
signed and dated		
A copy of your governing		
document e.g. constitution, set of		
rules etc. If supplied within last 3		
years please contact the R.F.O		
A copy of your latest bank or		
building society statement		
A copy of your latest completed		
accounts and annual report if it		
exists		

Grant Conditions

- The grant can only be used for the purpose stated in the application. Deal Town Council reserves the right to reclaim any grant not being used for the specified project/activity.
- ii. Should the organisation disband or the project cease during the grant period Deal Town Council may ask for all or part of the grant to be paid back.
- iii. Organisations are responsible for ensuring that they comply with all legal and statutory requirements.
- iv. To be eligible for a grant an organisation shall not discriminate on the grounds of racial origin, gender, disability, age (except for obvious reasons, such as becoming a member of a youth club), and political or religious persuasion
- v. Acknowledgment of the grant received from Deal Town Council is required on documentation, on promotional literature, websites and on social media. The Deal Town Council logo will be supplied on request for this purpose.
- vi. Deal Town Council will monitor the use of the grant through the Grant Monitoring Form. No further applications will be accepted if there is an outstanding Grant Monitoring Form.
- vii. Organisations must contact Deal Town Council before disposing of any equipment or resources purchased or part purchased with Deal own Council grant within 3 years of receiving a grant.
- viii. Should any of these conditions not be met it could result in the award being withdrawn, the grant having to be repaid and future grant applications being refused.

5. Declaration.

I declare that the information given is correct

g i i i i i i i i i g i i i i i g			
I have read and agree to adhere to the conditions of the Grant Programme.			
Signed	Date		
Payee for grant payment (if an individual's name	Name:		
please explain why)	BANK Details:		

Completed forms must be returned to the Responsible Finance Officer, Deal Town Council, Town Hall, High Street, Deal, Kent CT14 6TR. Any enquiries or assistance required in completing this form should be made to the Responsible Finance Officer. Tel: 01304 361999 or e-mail: paul.bone@deal.gov.uk.

The declaration at the end of the application form must be signed and dated. Forms sent in electronically require either a scanned copy of the final page with signature or a final signed page to be submitted by post.

All applicants will be advised that their form is being processed within 10 working days of receipt.

For Town Hall use only.	
Date application form received	
Form checked by	
Date application validated by R.F.O.	
Date of committee meetings when application will be considered	
Decision	
Date applicant notified of decision	

Appendix 2b

SPECIAL PROJECTS – EMERGENCY AND RECOVERY Monitoring Form 2020-21

Under your grant conditions, you are required to submit an end of grant report on what Deal Town Council's grant has been used for, with a breakdown of all the income you received for the project, and all the expenditure incurred.

The grant monitoring form must be submitted within three months of the project completion date.

The declaration at the end of form must be signed and dated.

1. Your Organisation		
Name of organisation:		
2. Your Grant		
Grant Amount		
	£	
Proposed start and		
finish date	START:	FINISH:
Actual START and		
FINISH dates	START:	FINISH:
3. Outputs		
Tell us in what way the		
organisation and the		
residents of Deal		
benefited from the		
grant. Include number		
of beneficiaries		
Please say whether the		
impact was as		
expected. Feel free to		
tell us honestly about		
the project failures as		
well as successes.		
Acknowledging your gra	nt: Please send	d us evidence of where the Deal Town
Council logo was included	d in your repoi	rts, promotional materials etc

4. Financial Details	Item		£	
Please give the FULL				
final cost of your				
project.				
Continue on a separate				
sheet if necessary				
	Total cash cost		£	
Volunteer Hours				
Other IN KIND value			£	
5. Declaration.				
I declare that the information given is correct				
i deciare that the inform	iation given is co	Hect		
Signed	Da	te		
Jigileu				
Completed forms must b	e returned to th	e Responsible Finance Of	ficer. Deal Tov	vn
Council, Town Hall, High Street, Deal, Kent CT14 6TR. For enquires or assistance				
contact Paul Bone – Tel: 01304 361999 or e-mail: paul.bone@deal.gov.uk.				
The declaration must be signed and dated. Forms sent electronically require either a				
scanned copy of the final page with signature or a final signed page to be submitted				
by post. All applicants will be advised that their form is being processed within 10				
working days of receipt.				
For Town Hall use only.				
Date received:		Checked by:		

Appendix 1c

See below the **SPECIAL PROJECTS – EMERGENCY AND RECOVERY** score sheet **for applicants' information only**

SPECIAL PROJECTS – EMERGENCY AND RECOVERY SCORE SHEET			
Organisation / Project			
Please score on 1-5 scale (1=wea if appropriate	k 5=excellent	t) PLUS yo	u can award up to 3 Bonus points
Criteria	Score 1-5	Bonus	Comments
1. How well does the project meet the needs of the organisation and Deal residents?			
2. Is it local? Will it affect entirely or predominantly Deal residents?			
3. Impact – will it affect a wide range or number of people? Will it have a major impact on a limited number?			
4. Is the budget reasonable? Have costs been properly explored?			
5. Is there a suitable level of match funding and/or volunteer time?			
POINTS OUT OF 28			
Signature:	Date:		