**Deal Town Council Grants Programme 2021-22**

**Appendix 2a** **SPECIAL PROJECTS – Theme: ‘Supporting the Vulnerable’**

**.Application Form**

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

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| 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 grant within the last 3 years from Deal Town Council? | YES/NO: |
| If yes please provide information | **Year** | **Amount** |
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| 1. **Your Project**
 |
| Please describe your project or activity.How does the project /activity fit in with the **‘Supporting the Vulnerable’** 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 organisationbenefit 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. |  |
| 1. **Financial Details**
 | **Item** |  **£** |
| Please give the FULL cost of your project. Please continue on a separate sheet if necessary |  |  |
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| **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**  | **Funding applied from** |
|  | **£** |
|  | **£** |
|  | **£** |
| Please give details of other funding **already secured**  | **Funding received from** |
|  | **£** |
|  | **£** |
|  | **£** |
| Please give details of any cash contribution from your organisation  | **£** |
| **How much grant are you requesting from Deal Town Council?**  | **£** |
| 1. **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**

1. *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.*
2. *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.*
3. *Organisations are responsible for ensuring that they comply with all legal and statutory requirements.*
4. *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*
5. *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.*
6. *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.*
7. *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.*
8. *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.*
9. **Declaration.**

*I declare that the information given is correct*

*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 please explain why)* | *Name:* |
| *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 – Theme: ‘Supporting the Vulnerable’**

**Monitoring Form 2021-22**

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.

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| 1. **Your Organisation**
 |
| Name of organisation: |  |
| 1. **Your Grant**
 |
| Grant Amount | **£………….** |
| Proposed start and finish date  | **START: FINISH:**  |
| Actual START and FINISH dates | **START: FINISH:**  |
| 1. **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 grant:** Please send us evidence of where the Deal Town Council logo was included in your reports, promotional materials etc |
| 1. **Financial Details**
 | **Item** |  **£** |
| Please give the FULL final cost of your project. Continue on a separate sheet if necessary |  |  |
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|  | **Total cash cost** | **£** |
| Volunteer Hours |  |  |
| Other IN KIND value  |  | **£** |

1. **Declaration.**

I declare that the information given is correct

**Signed ………………………………. Date ………………….**

Completed forms must be returned to the Responsible Finance Officer, Deal Town 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 – Theme: ‘Supporting the Vulnerable’**

**(Score sheet** **for applicants’ information only)**

|  |
| --- |
| **SPECIAL PROJECTS – Transforming Deal into a cleaner, greener, healthier, and more active town. SCORE SHEET****Organisation / Project ………….** |
| Please score on 1-5 scale (1=weak 5=excellent) PLUS you can award up to 3 Bonus points if appropriate  |
| Criteria | Score 1-5 | Bonus  | Comments |
| 1. How well does the project meet the needs of the organisation and Deal residents?
 |  |  |  |
| 1. Is it local?

Will it affect entirely or predominantly Deal residents? |  |  |  |
| 1. Impact – will it affect a wide range or number of people? Will it have a major impact on a limited number?
 |  |  |  |
| 1. Is the budget reasonable?

Have costs been properly explored? |  |  |  |
| 1. Is there a suitable level of match funding and/or volunteer time?
 |  |  |  |

POINTS OUT OF **28** ………………………….

Signature:…………………………….. Date: ………………

Chair of Grants Committee