**Deal Town Council**

**Deal – A City of Sanctury Grant 2023-24  
Appendix 1a City of Sanctury Grant Application Form**

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

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Your Name or Organisation** | | | | | | |
| Name of person, Business, School or organisation  (if applicable) |  | | | | | |
| 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.  What will you do?  Where? How? |  | | | | |
| What is the proposed start and finish date? | **START: FINISH:** | | | | |
| What will be the impact on the one or more asylum seekers, migrants or refugees? |  | | | | |
| How will you know if you have succeeded? |  | | | | |
| If yes, do all the beneficiaries live in the Wards of Deal Town? |  | | | | |
| Explain what a Deal Town Council grant would be used for, if awarded. |  | | | | |
| Any additional information you think will help explain the need for this grant. |  | | | | |
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| 1. **Financial Details** | **Item** | | | **£** |
| Please give the **FULL** cost of your project. Continue on a separate sheet if necessary |  | | |  |
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| **Total cash cost** | | | **£** |
| If applicable, 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 yourself or your organisation | | | | **£** |
| **How much grant are you requesting from Deal Town Council?** | | | | **£** |

**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. *The maximum grant awarded will be determined by the Finance & General Purposes Committee.*
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. *If applicable, 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 and individuals 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: [RFO@deal.gov.uk](mailto:RFO@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 application will be considered |  |
| Decision |  |
| Date applicant notified of decision |  |

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| --- | --- | --- |
| 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 |  | **£** |

**Appendix 1b**

See below the **A City of Sanctury Grant** score sheet (**for applicants’ information only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **A City of Sanctury Grant - SCORE SHEET**  **Your Name or Organisation**: | | | |
| 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 providing support to one or more asylum seekers, migrants or refugees in the Deal Wards |  |  |  |
| 1. Is the project well designed? |  |  |  |
| 1. Impact – how many asylum seekers, migrants or refugees in the Deal Wards will the project support? |  |  |  |
| 1. Is the budget reasonable?   Have costs been properly explored? |  |  |  |
| 1. Is there a suitable level of match funding and/or volunteer time? |  |  |  |
| 1. Does the project seek to promote awareness to others about the needs of asylum seekers, migrants or refugees in the Deal Wards |  |  |  |

This score sheet will be completed by the Town Clerk and R.F.O.

POINTS OUT OF **38** ……

**Grant Award:**

Applications must receive 50% (19 points) or above to be considered for a grant award.

The level of funding will be agreed by the Town Clerk in liaison with R.F.O. and the Chairperson of Deal Town Council.

Amount of award decided: £………………

Signature: …………………………….. Date: ………………

Town Clerk.

Date applicant advised of decision: ………………………………..