**Deal Town Council**

**Deal Twinning Fund Application Form 2025-26**

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 give the AIMS AND OBJECTIVES OF THE ORGANISATION |  |
| How does your organisation contribute to the community of Deal? |  |
| Why do you need this grant? |  |

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| 1. **Financial Details**
 | **Item** |  **£** |
| Explain what a Deal Town Council grant would be used for, if awarded. |  |  |
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| **Total cash cost** | **£** |
| Please list any other ‘in kind’ contributions and value in £. |  |
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| 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 volunteer hours which should be taken into consideration. |  |
| Please give details of any cash contribution from 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. *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. **Declaration.**

*I declare that the information given is correct*

*I have read and agree to adhere to the conditions.*

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

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| *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.

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| **For Town Hall use only.** |
| Date application 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 |  |