



## Annual Grant Fund Application Form 2018

---

### Contact details

Name of the organisation

Address of the organisation

<input type="text"/>	
<input type="text"/>	Postcode

### Main contact for this application

Title

First name

Surname

Position held in the organisation

Contact address (if different from above)

<input type="text"/>	
<input type="text"/>	Postcode

Daytime phone number

Email address

---

### Organisation details

Is your organisation a registered charity?

Yes

No

If yes, what is the registered charity number?

If no, does your organisation have a set of rules/constitution?

Yes

No

When did your organisation start?

 /  / 

#### Use of your data:

We will use the personal data provided on this application form to process your application and to monitor the project. If you would like us to contact you about future grant funding opportunities you should tick the relevant boxes at the end of this form. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.

What are the main activities of your organisation?

---

## Your application

Where exactly will your project take place?

Please tell us what you need funding for, who will benefit and how they will benefit?

Please tell us how this application fits the Grants criteria (please refer to the [Grants Criteria 2018-19](#))

When will the project start ?

mm / yy

And finish?

mm / yy

**Use of your data:**

We will use the personal data provided on this application form to process your application and to monitor the project. If you would like us to contact you about future grant funding opportunities you should tick the relevant boxes at the end of this form. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.

How much are you applying for in total?

£
---

Please give a breakdown of the **total** cost of this piece of work or equipment as well as the costs requested from Westfield Parish Council. In the breakdown column please give details of the specific costs e.g. under capital items list, items such as computers, office furniture etc.

Type of cost	Total Amount	Amount from Westfield Parish Council	Breakdown
Staff costs			
Volunteer expenses			
Operation/activity costs			
Office / overheads / premises			
Capital items			
Publicity			
other			
Total	£	£	

If the total cost is bigger than the grant requested how will you meet the shortfall?  
Please give details of any other applications you have made and whether any funding has been approved

--

**Use of your data:**

We will use the personal data provided on this application form to process your application and to monitor the project. If you would like us to contact you about future grant funding opportunities you should tick the relevant boxes at the end of this form. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.

## Beneficiaries

How many people will benefit if a grant is awarded?

In the tables below, tick the boxes that apply - this is for information only and will not affect the outcome of your application.

### Age of Beneficiaries

Early Years (0-4)	<input type="checkbox"/>	Children (5-12 )	<input type="checkbox"/>	Young People (13- 8)	<input type="checkbox"/>
Young Adults (19-25)	<input type="checkbox"/>	Adults (26-65)	<input type="checkbox"/>	Seniors (+65)	<input type="checkbox"/>

### Beneficiaries

People in rural areas	<input type="checkbox"/>	People in urban areas	<input type="checkbox"/>	Men	<input type="checkbox"/>
Women	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	People with learning difficulties	<input type="checkbox"/>
Families	<input type="checkbox"/>	Lone parents	<input type="checkbox"/>	Homeless people	<input type="checkbox"/>
Disadvantaged / low Income	<input type="checkbox"/>	Long term unemployed	<input type="checkbox"/>	Migrant workers	<input type="checkbox"/>
Ex offenders / prisoners	<input type="checkbox"/>	Alcohol / drug addiction	<input type="checkbox"/>	Refugees / asylum seekers	<input type="checkbox"/>
NEET (Young people Not in Education, Employment or Training)	<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	Carers	<input type="checkbox"/>
People with general health issues	<input type="checkbox"/>	People with mental health difficulties	<input type="checkbox"/>	People with weight / obesity issues	<input type="checkbox"/>

### Ethnic origin of beneficiaries

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Asian or Asian British – Other	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Black or Black British – other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>

#### Use of your data:

We will use the personal data provided on this application form to process your application and to monitor the project. If you would like us to contact you about future grant funding opportunities you should tick the relevant boxes at the end of this form. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.

## Financial information

Please give details of your organisation's bank account:

Name the account is in:	
Account number:	
Sort Code:	

If you do not have a bank account, please give details of an organisation that will receive a grant on your behalf:

Name of organisation:	
Name the account is in:	
Account number:	
Sort Code:	

How many signatures do you need to authorise a payment on your bank account? (There must be at least two)

---

## Declaration

Please sign and check that you have included all relevant information.

By submitting this application you are confirming the following:

- That the information in this application is correct
- The details of this application have been brought to the attention of your Management Committee
- That you have the consent of your Management Committee to submit this application

Your signature:	Print name:	Date:
-----------------	-------------	-------

The following should be completed by the Chair of your Management Committee (or another Management Committee member if the Chair has completed this form)

Signature:	Print name:	Date:
------------	-------------	-------

### Use of your data:

We will use the personal data provided on this application form to process your application and to monitor the project. If you would like us to contact you about future grant funding opportunities you should tick the relevant boxes at the end of this form. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.

## Data protection

We will use the personal data provided on the application form to process your application and to monitor the project. Please refer to the Privacy Notice on our website for more information: <http://www.westfieldparishcouncil.co.uk/privacy-notice/>

Your privacy is important to us and we would like to communicate with you about future grant funding opportunities offered by the Parish Council. To do so we need your consent. Please check the boxes below to confirm that you would like to be informed of future grant funding opportunities offered by Westfield Parish Council:

- Yes please, I would like to receive info on future grant opportunities by email  
 Yes please, I would like to receive info on future grant opportunities by telephone

In limited circumstances, we may be required to release information, including personal data and commercial information, on request under the Freedom of Information Act 2000. If you feel that any information about your application or project should not be made publicly available, please contact us to discuss this.

## Checklist

**We cannot process your application unless you have:**

- Read and understood the Grants Criteria  
 Answered every question  
 Signed the form (two signatures)  
 Enclosed your most recent accounts or financial information  
 Enclosed a copy of your constitution or set of rules  
 Enclosed a list of names and addresses of your management committee  
 Enclosed a copy of your Safeguarding Policy (if appropriate)

**If you have already sent us, with a previous application, a copy of your constitution, management committee details or child protection policy there is no need to resend unless they have been amended.**

**Please return to  
The Parish Clerk, Westfield Parish Council, The Oval Office,  
Cobblers Way, Westfield BA3 3BX  
or e-mail to [council@westfieldparishcouncil.co.uk](mailto:council@westfieldparishcouncil.co.uk)  
Closing date: Wednesday 3<sup>rd</sup> October 2018**

### Use of your data:

We will use the personal data provided on this application form to process your application and to monitor the project. If you would like us to contact you about future grant funding opportunities you should tick the relevant boxes at the end of this form. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.