2024 COMMUNITY EVENT GRANT

APPLICATION FORM

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| Section 1: Information about your Organisation |
| Your organisation’s name*This should be the name given in your constitution or set of rules.* |  |
| Your organisation’s official address |  |
| Main organisational contact name*This should be someone we can contact during office hours.* |  |
| Main contact telephone number |  |
| Main contact email address  |  |
| Charity registration number |  |
| Have you attached a copy of your organisational constitution? |  |
| What are the main activities of your group?*Please provide a brief overview.*  |  |
| Section 2: Event Information |
| What is the name of your event or festival? |  |
| What are the start and finish dates of your event/festival? |  |
| Where will the event be taking place?*Please provide specific information about the location, such as the address or named public space*. |  |
| Please provide a description of your event.*Please tell us briefly what you will deliver and what your events aims are.*  |  |
| How many people will be involved in organising the event? |  |
| How many people do you expect to attend the event?  |  |
| How will your event actively involve the local community?*Please be as specific as possible. How will you inform people of your activities? How will you encourage them to participate? What will people get out of your project?* |  |
| Section 3: Organisational Finances |
| Please provide information about your most recent annual accounts (preferably audited).*Please attach a copy of these accounts along with your application.* |
| Accounts year ending |  |
| Total income *(gross)* |  |
| Total expenditure |  |
| Surplus/deficit for the year |  |
| Savings *(reserves, cash or investments)* |  |
| Please provide details of **your group or organisations bank or building society account** to use if you are successful. *This should be an account which is registered to your group/organisation.* |
| Account name |  |
| Name of bank or building society |  |
| Address |  |
| Sort code |  |
| Account number/roll number |  |
| If your organisation is eligible to reclaim VAT, please provide your VAT registration number. |
| VAT registration number |  |

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| Section 4: Expected Costs |
| Please provide details of all your predicted costs (not just what you are seeking a grant for)*Make sure that the amounts you request are based on accurate estimates or costs and represent value for money. Once awarded, grants will not be increased. If you can reclaim VAT then do not include VAT in the predicted costs, otherwise please list the VAT amounts where applicable.* |
| Item No. | Item or element description.*Please provide 2 quotations for any capital works or items costing over £1000* | Net cost (£) | VAT *(if applicable)* | Total Cost (£) | Would the grant be used to pay for this item? |
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| 10 |  |  |  |  |  |
| TOTAL ESTIMATED COSTS  |  |  |  |

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| Section 5: Expected Income and Funding |
| Please indicate below what your group has done to obtain funding from other sources.F*or example, letters or completed applications for other funding bodies and trusts; sponsorship from local businesses.* |
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| Please provide details of all cash income you expect to raise or have secured for the event or festival, including other ABC grants.Please indicate where this money is coming from (for example; local trust, community fund, lottery, or sponsorship). |
| Income Source*Identify each funding body or sponsor including the Parish Council if appropriate and clearly identify your own contribution.* | Approved or Applied For *(including date if appropriate)* | Amount (£) |
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| TOTAL EXPECTED INCOME  |  |

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| Section 6: Financial Summary and Additional Requirements |
| Total Estimated Income |  |
| Total Estimated Costs |  |
| Total Shortfall (if appropriate)*Please note that if you show a funding surplus we will question your need for a grant.* |  |
| How much event reset grant are you requesting? You may request up to a maximum of £2000. |  |
| Please explain how you intend to make up any remaining shortfall (if applicable). |  |
| Does your event/festival need any permissions or licences?*Such as planning permission, permission of the landlord or public entertainment licence.* |  |
| Has your event been assessed by the Safety Advisory Group? |  |

I confirm, on behalf of click to enter organisation name (organisation), that I am authorised to sign this declaration and the proposal falls within the objects and powers of the organisation. The information in it is correct to the best of my knowledge. This organisation will comply with the terms and conditions attached to the grant. This organisation has not received funding from another source for these costs that we are asking Ashford Borough Council to fund.

Signed: click to enter signature Date: click to enter date

Name (in capitals): click to enter name

Position (if applicable): click to enter

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| Application Checklist |
| Have you read and understood the grant guidance? | Yes [ ]  |
| Have all of the questions in the application form been answered? | Yes [ ]  |
| Is the form signed and dated? | Yes [ ]  |
| HAVE YOU ENCLOSED COPIES OF |
| Your Trust Deed or Constitution | Yes [ ]  |
| Your most recent accounts | Yes [ ]  |
| Your insurances | Yes [ ]  |
| Your Safeguarding Policy | Yes [ ]  |
| Your Health and Safety Policy & Risk Assessments | Yes [ ]  |
| 2 quotes for work/equipment | Yes [ ]  |

**Please send your completed form to:**

Email: grantsandfunding@ashford.gov.uk

**For queries or assistance:**

Email: grantsandfunding@ashford.gov.uk