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**COMMUNITY GRANT SCHEME**

Kingswood Town Council is delighted to bring you this scheme and hope that it is of interest to local community groups and charities and organisations. It is a new initiative aimed at empowering local groups by providing financial support to bring about positive change for the residents of Kingswood.

**What can a grant be used towards?**

* Provide and develop facilities and services that are accessible, inclusive and

promote health and wellbeing.

* Play an active role in the future development of the cultural or economic welfare

of the town through collaboration with stakeholders.

* Help to create a future that is carbon neutral, environmentally sustainable and resilient to the impact of climate change.
* Maintain and create opportunities to enhance our green spaces and provide a clean and safe environment.

**CLOSING DATES FOR APPLICATIONS**

Kingswood Town Council will consider grant applications three times a year, therefore please ensure that you submit your completed application form and associated paperwork by the necessary closing date. If you miss the closing date you will need to wait until the next deadline for your application to be considered.

**Summer Scheme**

Monday 8th July 2024 for a Finance and Administration Committee meeting on 23rd July 2024

**Winter Scheme**

Monday 11th November 2024 for a Finance and Administration Committee meeting on 26th November 2024

**Spring Scheme**

Monday 10th February 2025 for a Finance and Administration committee meeting on 25th February 2025

Small grants up to £500 – revenue only

Medium Grants up to £5,000 – revenue and capital

If you wish to apply for grant in excess of £5,000, please contact the town clerk before you begin your application.

**APPLICATION FORM FOR COMMUNITY GRANT SCHEME**

1. Name/Address of Organisation:

…………………………………………………………………………………………………….

…………………………………………………………………………………………………….

…………………………………………………………………………………………………….

…………………………………………………………………………………………………….

Name of person making the application: ……………………………………………………..

Position in organisation: ……………………………………………………………………..…

Contact phone number: ……………………................................................................……

Email address: ………………….............................................................................……..

Name of second person within the organisation: …………………………………………..

Position in organisation: ……………………………………………………………………….

Contact phone number: ………………………………………………………………………

Email address: …………………………………………………………………………………

1. Does your organisation:

 Yes

|  |  |
| --- | --- |
| Have its own bank account, which requires two unrelated people to authorise cheques and make withdrawals? |  |
| Have at least three members on its management committee |  |
| Have a constitution, terms of reference or set of rules *(please contact for help with this if needed)* |  |

1. Are you a registered charity? Yes/No:

If so, please give your charity number: ……………………………………………………….

1. Is your organisation part of, or affiliated to, a larger organisation?

If so, which: ………………………………………………………………………………………

1. Aims and objectives of your organisation; What does your organisation do and how does it benefit the residents of Kingswood?
2. Where does your organisation meet? ………………………………………………………...
3. How often do you meet? ……………………………………………...………………………..
4. How many members does your organisation have? ….....................................................
5. How many people will benefit from this funding? …..........................................................
6. How many of these are Kingswood Town Council area residents? ...........................%
7. Which local organisations are you collaborating with? ……………………………………..
8. How much funding are you applying for? £……........
9. What is the total cost of your project? £…............….
10. Will the funding be spent within 12 months of successful receipt? ………………….
11. Briefly describe the project, event, activity or purchase you would like the funding for:
12. Briefly describe the evidence that supports the need for this project, event, activity or purchase. What consultation has taken place?
13. Which of the Council’s priorities does the project contribute towards?
* Provide and develop facilities and services that are accessible, inclusive and promote

health and wellbeing.

* Play an active role in the future development of the cultural or economic welfare of

the town through collaboration with stakeholders.

* Help to create a future that is carbon neutral, environmentally sustainable and resilient

to the impact of climate change

* Maintain and create opportunities for to enhance our green spaces and provide a clean

and safe environment

1. Please provide a breakdown of how you intend to spend the funds:

|  |  |
| --- | --- |
| Item | Amount |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total** | **£** |

1. How else are you funding your project? Include grants from other organisations, fund raising and existing reserves:

|  |  |  |
| --- | --- | --- |
| Source | £ | Confirmed? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

1. How will the funding benefit the community or residents of Kingswood?
2. How will this funding lead to greater self-sufficiency and lessen the need for future applications?
3. How is your organisation normally funded? Not applicable to new organisations:
4. What are your current/planned subs/fees/charges?
5. The Council wishes to ensure that grants are awarded to help those most in need. The Council will not normally fund events or activities for which a charge is made e.g. tickets for an event or a fee to attend a club. If it is intended to have a charge, please let us know how much people will be charged to access this project and what steps are to be put in place to ensure as many people as possible from Kingswood are able to access the project.

If a surplus is to be made, please detail how and when these funds will benefit the communities in Kingswood:

1. What fund raising activities took place in the **last** 12 months and what fund-raising activities are planned for the **next** 12 months, if any?
2. Anticipated income/expenditure for the next 12 months?
3. Details of any grants or financial support received from local authorities including South Gloucestershire Council in the past three years with dates:
4. Grants from non-local authority sources in the last three years with dates, if you have any:
5. Has the project that you want the funding for already happened? Yes/No (delete)
6. Will you be passing the funding on to any other groups (except to pay for goods and services)? Yes/No (delete)

Please give us details of the bank account that the grant should be paid into if approved (this cannot be a building society passbook account):

Name of Account: ……………………..……………………………………….

Account number: ……………………………………........................………..

Sort Code: …...… - …...… - …...…

Please ensure that the copy of your bank statement clearly shows this information.

*Checklist (please tick the appropriate boxes)*

*Have you submitted the following?*

* Your most recent bank account statement & details of any other investments/savings (not more than 3 months old)
* A copy of your constitution / terms of reference / set of rules
* A copy of the notes from your last Annual General Meeting
* Details of your organisation’s officers and committee structure
* A copy of your safeguarding policy if your group works with vulnerable adults, or children;
* A copy of your adopted equal opportunities policy or statement
* A copy of your insurance policy
* Any other documentation you feel may help in assessing your application: photographs, plans and consultation feedback

Privacy Notice

In accordance with the General Data Protection Regulation (GDPR), I/We agree that Kingswood Town Council will process and hold personal information about me/us and my/our group or organisation only in relation to this grant application. I/We consent to my/our personal information, including that contained in this form, being stored manually and/or electronically by Kingswood Town Council. It will be held securely and treated confidentially for six years after an application is made. I/We understand that it will only be accessed by authorised staff members to manage the grant application process.

I also understand that Kingswood Town Council may pass details onto an official organisation where required to do so by law or contract. I/We understand that my/our data will be disposed of securely six years after the application and that I/we have the right to correct the information at any time. I/We have been made aware of my/our rights under GDPR.

Declaration:

I/We declare that the information confirmed in this application is correct and that any grant received will be applied as detailed in the request.

I/We declare that we have read the policy and that our application complies with the policy.

I/We declare that I/we have included all the requested information.

I/We fully understand that if I/we do not include the requested information and/or if mine/our application does not comply with the policy, the application may be rejected.

I/We fully understand that we will need to attend a Finance and Administration Committee meeting to present our request.

Signed: ……………………………………………………………….

Name: …..…………………………………………………………….

Date: …………………………………………………………………..

**For Office Use Only**

Grant applications must be checked against the following criteria. Any questions where the answer is no must be reported to the Finance and Administration Committee meeting where the application is being considered and must form part of the formal agenda items list for that meeting.

|  |  |  |
| --- | --- | --- |
| Yes | No(investigate) |  |
|  |  | The grant will result in a benefit for the area covered by the Town Council and will contribute positively to the area of Kingswood? |
|  |  | Does the grant request exclude ongoing running costs? |
|  |  | If the application is for running costs has the applicant included plans for where future running costs will be found ? |
|  |  | Does the application include the required financial and organisational information? |
|  |  | Does the application include the Equal Opportunities Statement? |
|  |  | Does the application include the Insurance Policy? |
|  |  | Is the applicant, or the organisation, based in the Town Council area? If not, has the applicant detailed what proportion of beneficiaries of the grant reside in the area?  |
|  |  | Is the application for future funding? (i.e. not retrospective) |
|  |  | Is the grant for the sole use of the applying group and not to pass on money? |
|  |  | Has the applicant demonstrated how one-off grant funding will lead to greater self-sufficiency and lessen the need for future applications? |
|  |  | Will a representative be attending Finance & Governance Committee? |

Assessing officer: ………………………………………………………………………….…………..

Date of assessment: …………………………………………………………………………………..

Decision (delete as applicable): reject / return for further information / proceed to committee

Approved as agenda item for the Finance and Administration Committee meeting on:

……………….……….