**Small Grant / Green Grant Application Form[[1]](#footnote-1)**

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Name |  |
| Position in Organisation |  |
| Address |  |
| Telephone |  |
| Email |  |

**PROJECT DETAILS**

|  |  |
| --- | --- |
| Name of Project |  |
| What aspect of the project will grant money be used for. **Please be as specific as possible.[[2]](#footnote-2)** |  |
| What benefits for the Haslemere community do you expect will result from the project?[[3]](#footnote-3) |  |
| Scheduled project start and finish date |  |

**FUNDING DETAILS**

|  |  |
| --- | --- |
| Total estimated cost of the project |  |
| Amount of grant requested from the Town Council (should not be 100% of the total estimated cost of the project)[[4]](#footnote-4) |  |
| Have you or will you be applying to other bodies for financial assistance? | Yes / No |
| If yes please state:  To whom applied |  |
| Amount(s) applied for |  |
| Amount(s) received |  |
| Have you received a grant from the Town Council before? If so for how much and for what purpose? |  |
| What fundraising activities will your organisation be doing to fund this project? |  |

**ORGANISATION DETAILS**

|  |  |
| --- | --- |
| Is your organisation a Registered charity or trust?  (If yes please provide Registration Number) | Yes / No  Registration Number: |
| Is it affiliated to a National Body? If yes please specify. | Yes / No |
| What are the aims and objectives of the organisation? |  |
| What is the geographical area covered by your organisation? |  |
| Bank account to which payment should be made  This must be in the name of your organisation. Payments cannot be made to individuals. | Account Name:  Sort Code:  Account Number: |

**VALIDITY CHECKLIST**

For your project to be considered you must be able to confirm the following statements:

|  |  |
| --- | --- |
| **Criteria** | **Tick to confirm** |
| The project is of benefit to residents of the Council’s electoral area |  |
| You hold a bank account in the name of the organisation applying, not an individual |  |
| This application is accompanied by either the latest audited financial report or, where this does not exist, a forecast budget of income and expenditure relating to the grant application. |  |
| The grant is not for a project already completed |  |
| The grant is not to contribute to a surplus for charitable distribution or to increase your organisation’s reserves |  |
| You consent to acknowledge HTC’s contribution in your marketing / promotional material |  |

**DECLARATION**

|  |  |
| --- | --- |
| In submitting this application on behalf of the stated organisation I certify that all statements made or enclosed to be true.  This application and all supporting information may be made publically available | Signed:  Print name: |
| Date |  |

**NOTES FOR APPLICANTS**

**Application procedure**

Please note that no application can be considered unless delivered to the Town Clerk at Haslemere Town Council, Town Hall, High Street, Haslemere, Surrey, GU27 2HG at least **ten (10)** working days before the relevant Grant Committee or Council meeting.

No application will be considered by the Committee unless the applicant is able to confirm all of the Validity Checklist criteria. If in doubt contact the Town Clerk 01428 654305.

**Consideration and notification**

The application will be considered by the Grants Committee generally for capital expenditure only and on a matched funding basis.

The Committee meets every two [2] months. Successful applicants will be informed by letter/email as soon as possible thereafter.

**Payment procedure**

A grant payment will only be made by the Town Clerk against production of an original invoice or invoices for goods or services made out to the recipient organisation. Under no circumstances will payment be made to an individual.

Payments are made by cheque/BACS therefore the recipient organisation must hold a bank account in the name of the organisation.

Grants should normally be drawn down in one amount. The Grant Letter will state that the grant will automatically lapse if it is not claimed within the time specified.

As a courtesy, a reminder letter will be sent to the applicant organisation one [1] month before the expiry of the grant advising that the funds have not yet been claimed.

**Data Protection**

The information provided in this form will only be used by the Town Council in the administration of its Grants process and for no other reason. The information will be processed in accordance with the Council’s data retention policy.

1. Delete as appropriate [↑](#footnote-ref-1)
2. Use a separate sheet if required [↑](#footnote-ref-2)
3. Use a separate sheet if required [↑](#footnote-ref-3)
4. If this exceeds £1,000 remember to explain the exceptional circumstances for the Grants Committee to consider [↑](#footnote-ref-4)