

**DISS TOWN COUNCIL
Council Offices,
11-12 Market Hill,
Diss, Norfolk, IP22 4JZ.
Telephone & Fax: (01379) 643848
Email: towncouncil@diss.gov.uk

Website:** [**www.diss.gov.uk**](http://www.diss.gov.uk) **Facebook: @DissTC
Twitter: @DissTownCouncil**

**Community Grant Scheme – Application Form**

**(To be completed with reference to the accompanying grant policy)**

Diss Town Council is committed to assisting voluntary and not-for-profit organisations working for the benefit of Diss residents and who deliver projects that will make a difference to people living in Diss. One of the ways this is done is through applying for funding through our Community Grant Scheme.

The Council’s Financial Year runs from April to March, and applications for grants are considered at two points in the year: Applications received by 30th May will be considered in July for payment from September onwards. Applications received by 31st January will be considered in February for payment from March onwards.

Applicants are advised to read the accompanying grant policy before completing this form.

**Organisation’s / Individual’s Details**

|  |  |  |
| --- | --- | --- |
| 1. | Nature of grant requested from DTCIs your organisation seeking a one-off Project grant, or a Development Grant? | * Project grant
* Development grant
 |
| 2. | Name of Organisation  |  |
| 3. | Organisation’s Address and Website | Address:www. |
| 4. | Do we have an up to date copy of your organisations constitution or set of rules?  | Yes [ ]  No [ ] *If you selected no,***We will need a copy of your organisation’s constitution or set of rules. You may email a copy to** **towncouncil@diss.gov.uk** **or post this to us.** |
| 5. | Name and contact details of applicant | Name:Address:Phone: Landline:  Mobile:Email: |
| 6. | Position held in organisation  |  |
| 7. | How long has this organisation been established? (if applicable) |  |
| 8. | How would you describe your organisation / the applicant(s)? (tick all boxes that apply) | * Voluntary organisation or individuals
* Community/Residents’ group
* Registered charity
* Company limited by guarantee
* Trust
* Other – please state:

  |
| 9. | Is the organisation a charity registered with the Charity Commission for England and Wales  | Yes [ ]  No [ ] *If you selected yes,***What is your organisation’s charity number?**  |
| 10. | Company registration number (if applicable) |  |
| 11. | How many members are involved in the running of the organisation?*Please provide an organisational structure chart to show how your organisation is managed* |  |
| 12. | Does your organisation have a membership? | * Yes
* No
* N/A

*If you selected yes,***Please state current no. of members:****Annual subscription cost per member:** |
| 13. | Please give details of any other organisation or umbrella group to which your organisation is affiliated (if applicable) |  |
| 14*.* | Please tick if your organisation / group has:*You do not have to provide any of these documents at the time of application, but they may be required before any grant funds are transferred.* | * A formal constitution
* A child protection policy
* A protocol for working with vulnerable adults
* Public Liability insurance
* A disability audit of its own premises
* A risk assessment relating to the activity to which the grant relates.
 |
| 15. | Please describe the activities undertaken by your organisation, including location and frequency of meetings or activities if applicable. |  |
| 16. | Does your organisation have its own premises?If yes, are they: | * Yes
* No
* N/A
* Owned by the organisation
* Rented
* Other (please state) ……………………
 |
| 17. | Are there any restrictions on who can join the organisation?  | Yes [ ]  No [ ] *If you selected yes,* **Please list the restrictions and why you have them?**  |

 **Project**

|  |  |  |
| --- | --- | --- |
| 18. | Please describe your project / activity: its aims and objectives, what it will deliver, what difference will it make and outline how it will benefit the people of Diss.*Please continue on a separate sheet if necessary.* |  |
| 19. | When do you expect the project / activity to start? |  |
| 20. | When do you expect the project / activity to finish? |  |
| 21. | Is the grant for equipment or something else requiring ongoing maintenance? | * Yes
* No
 |
| 22. | If yes, how will this ongoing maintenance be funded? |  |
| 23. | How long will the project actively involve residents of Diss? | * One day
* Up to one week
* Up to three months
* 3-6 months
* 6-12 months
* More than one year
 |
| 24. | Which of the following categories of activity or groups apply to your grant application? | * Advice Services
* Arts and Culture
* Enhancing the environment of Diss
* Older People
* Sport and Recreation
* Transport
* Children and Young People
* Women
* Men
* People with a disability
* Black, minority or ethnic groups
* LGBTQ +
* People on low income
* Lone parents
 |
| 25. | Which of the following criteria does your grant application meet?  | * Benefits the residents of Diss as a whole
* Benefits a specific category of residents of Diss, particularly disadvantaged or vulnerable sections of the population
* Provides a service of facility not currently provided elsewhere in Diss
* Adds to or improves existing facilities
* Makes better use of under-used Town Council facilities (i.e. DYCC, Sports Ground)
* Is freely available to all sections of the community
 |
| 26. | Approximately how many people will benefit from your grant?*You will be asked to provide evidence in your end of year report.* | *Select one option*[ ]  1 - 9[ ]  10 - 19[ ]  20 - 29[ ]  30 - 49[ ]  50 - 99[ ]  100+ |

**Financials**

|  |  |  |
| --- | --- | --- |
| 27. | Grant amount requested | £ |
| 28. | Do you intend to secure match funding for this project? | Yes [ ]  No [ ] *If you selected yes*, please list all sources and amounts: |
| 29. | Is your organisation making any non-financial contributions to the project/activity?  | Yes [ ]  No [ ] *If you selected yes, p*lease list all non-financial contributions to the project/activity: |
| 30. | Do your current cash reserves exceed the amount of grant you are asking for? | Yes [ ]  No [ ] *If you selected yes,* Please explain why you are not using your own funds. |
| 31. | In addition to the above, the following will be required of grant applications. | * The organisation’s / group’s Bank or Building Society account details
* Evidence of efforts to generate income from other sources
* Copies of the organisation’s latest audited or independently verified accounts, together with a budget / business plan for the period covered by the grant applied for
* A copy of your group’s most recent bank account statement. *Please provide copies for all accounts you hold. This account must be in the name of your group, and at least two unrelated people must sign each cheque or withdrawal.*
 |

**Outcomes**

|  |  |  |
| --- | --- | --- |
| 32. | What are you hoping to achieve from your project / activity and what robust methods will you use to measure success?  |  |
| 33. | How will you measure the outcomes to ensure your project / activity is successful? *Please ensure your outcomes are specific, measurable, achievable, realistic and timely.**If not included above, please also provide:* | * A list of objectives alongside methods of measuring the achievement of those objectives.
 |

*Please add any additional supporting information you would like considered here.*

|  |
| --- |
|  |

This form should be returned to The Town Clerk, Diss Town Council, Council Officers, 11-12 Market Hill, Diss, Norfolk, IP22 4JZ, or to towncouncil@diss,gov.uk no later than 30th May for grants sought for payment from September, or 31st January for grants sought for payment from March.

 **Terms and Conditions**

Before you submit your application, you must read and agree the following Terms and Conditions of Grant. Two signatories for the group should then sign the declaration, which confirms that the organisation understands and agrees to the Terms and Conditions.

Within the Terms and Conditions ‘we’ and ‘our’ refers to the applicant organisation. ‘Diss Town Council’ refers to the service providing the resources for which you are applying.

**The Grant**

1. We will use the Grant as described in our application form. Any changes must be agreed in writing and in advance by Diss Town Council.
2. We agree to return any Grant if the project cannot proceed.
3. We understand that any resource awarded must be used within the agreed period, which will normally be one year from the date of the Grant letter or as otherwise stated.
4. We will inform Diss Town Council immediately in writing of anything that significantly delays, threatens or makes it unlikely that the Grant will either not be used within the agreed period or not be used for the purpose described in the application.
5. We understand that we may be asked to produce regular progress reports on the use of the Grant. We also understand that a final report must be completed and submitted to Diss Town Council within 3 months of all Grant expenditure being incurred.
6. We understand that Diss Town Council will not increase the Grant if we overspend, and that any unspent Grant at the end of the agreed period should be returned to Diss Town Council.
7. We are aware that any equipment which has been awarded to us is under the charge of our organisation and must be regularly maintained and insured to its full replacement value and kept in a secure premise.
8. We understand that the amount and schedule of payments will be indicated in the formal Grant offer, and that no expenditure should be incurred until the Grant offer has been received, signed and returned to Diss Town Council.
9. We agree that in any publicity or public presentation about the funding, we must include an indication that the project / activity was supported by Diss Town Council.
10. We understand that there is a possibility that Diss Town Council’s internal or external auditors may wish to audit funded projects. We agree that any member may be required to make themselves and any relevant documentation available for any visit by auditors at reasonable notice.

**The Organisation**

1. We will advise Diss Town Council in writing of any change to our constitution and provide a copy of the revised document.
2. We will advise Diss Town Council in writing of any changes to our bank or building society bank account.
3. We will keep all financial records and accounts, including receipts for items bought with the Grant for two years from the completion of the project for which funding has been awarded. We understand that this does not release us from our legal responsibility to keep records for longer periods.
4. We will make all financial records available for inspection by Diss Town Council as requested. We understand that any documentation supplied will not be returned.
5. We agree to meet all legislation regulating the way that we operate, the work that we carry out, the staff that we employ and the goods that we buy, particularly, but not exclusively covering the areas of Equal Opportunities, Data Protection, Employment and Health & Safety.
6. If appropriate to the Grant, we agree to comply with Diss Town Council’s Financial Regulations and Standing Orders and any other guidance as advised by Council Officers. A copy of all such guidance is available on Diss Town Council’s website.
7. We understand that Diss Town Council will make public information about our Grant, and that if requested to do so we must prepare and present a short report to either the Annual Town Meeting or Full Council following the completion of the grant funded activity.
8. We understand that we have a duty of care to our members and the public and will ensure that adequate Public Liability Insurance is in place to provide indemnity to our organisation and its members. We will provide these documents to Diss Town Council on request.
9. If appropriate, we will ensure that adequate Employers Liability and Property Insurance is in place. We will produce these documents for Diss Town Council on request.
10. We understand that Diss Town Council will not accept liability or be liable for any damages or injuries associated with projects for which the Council has provided equipment or a Grant.

**Diss Town Council may withhold a Grant or ask for repayment, in whole or in part for the following reasons:**

1. If we fail to keep to these conditions in any way.
2. If members of our governing body, volunteers or staff act or supply information at any time during the application process or project which is dishonest, significantly incorrect or misleading.
3. If, for any reason, the organisation ceases to exist, any unused Grant will be returned to Diss Town Council. We will return any equipment or other assets bought with the Grant to Diss Town Council or, with prior agreement of the Council, transfer the equipment or assets to another organisation with similar objectives.
4. If we sell any asset purchased with a Grant, we will notify Diss Town Council in writing and return an agreed proportion of the sale proceeds agreed with Diss Town Council.
5. If any equipment or asset is stolen, lost or damaged, we will replace it or return monies obtained from insurance to Diss Town Council.

**Declaration by Main Contact**

I confirm that the information I have given on this application form is accurate and complete and that I have authorisation to apply for a Grant on behalf of the organisation.

I acknowledge that if I give misleading or inaccurate statements on behalf of the group or organisation we may not receive any Grant, or it may be withdrawn and must be refunded to Diss Town Council.

I confirm that I have read and accept the Terms and Conditions of the Grant.

**PLEASE PRINT**

|  |  |
| --- | --- |
| **Title****(Mr, Mrs, Ms, Miss):** |  |
| **First name:** |  |
| **Surname:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Position within the organisation:** |  |

 *Please Note: This must be completed by the same person as named in Question 5 on the application form*.

 **Co-signed by another member of your organisation:**

|  |  |
| --- | --- |
| **Title****(Mr, Mrs, Ms, Miss):** |  |
| **First name:** |  |
| **Surname:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Home address:** |  |
| **Phone number (daytime):** |  |
| **Email address:** |  |
| **Position within the organisation:** |  |

*Please Note: This must be a different person to the one named above.*

**Privacy Notice**

Diss Town Council takes your privacy seriously and will only use your information in relation to your grant application*.*  For further information, please refer to our GDPR Policy at [www.diss.gov.uk](http://www.diss.gov.uk).

**Checklist**

**Before sending us your application, please check that you have done the following:**

|  |  |
| --- | --- |
|  | *Please tick* |
| Answered all the applicable questions on the application form |  |
| The main contact from Question 5 has signed the Declaration |  |
| The Declaration has been co-signed by another member of your organisation |  |
| Included the following:* A copy of the constitution or set of rules that your group has adopted. Your group must have this document to receive a grant from us.
* A dated copy of your most recent yearly accounts verified by an independent person.
* A projected statement of income and spending for the next 12 months.
* A copy of your group’s most recent bank account statement.

Or* A copy of the pages in your passbooks showing your group’s name, account number and current balance, stamped and signed by your building society.

Or* If you are a new group which has only just set up a bank account, a signed letter from your bank or building society on their headed paper. This letter must show your account name, number and sort code.

**If your project / activity includes work on a building or land, please also provide:*** Copies of any plans, maps or drawings etc. related to your application for work on a building or land
* Copy of planning permission if appropriate
* Two quotes for any work to be carried out or items to be purchased over the value of £500
* A copy of your Child Protection Policy/Vulnerable Adults Policy where appropriate
* A copy of contents/ employer’s liability/public liability insurance policy where appropriate
* Confirmation that other statutory/licensing consents have been received (where appropriate)
 |  |
| Copied this application to keep for reference |  |

**PLEASE NOTE THAT APPLICATIONS CANNOT BE PROCESSED UNTIL ALL OF THE NECESSARY DOCUMENTS ARE RECEIVED BY THE COMMUNITY GRANTS PANEL.**