SMALL COMMUNITY GRANT APPLICATION FORM

For grant applications of up to £1,000

This form should be used by community groups, voluntary organisations, charities and other not-for-profit organisations applying for a grant of up to £1,000 from Diss Town Council.

Applicants should read the Council's Grant Policy before completing this form.

Grants are awarded at the discretion of Diss Town Council and are subject to the availability of funds. Applications will normally be considered at the next appropriate meeting of Full Council.

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1. Applicant Details

Name of organisation:
[Insert details]

Organisation address:
[Insert details]

Website or social media page, if applicable:
[Insert details]

Name of main contact:
[Insert details]

Position in organisation:
[Insert details]

Telephone number:
[Insert details]

Email address:
[Insert details]

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2. About Your Organisation

Type of organisation:
Please tick all that apply:

☐ Registered charity
☐ Community group
☐ Voluntary organisation
☐ Sports, arts or cultural organisation
☐ Community interest organisation
☐ Other not-for-profit organisation
☐ Other — please state: [Insert details]

Charity number, if applicable:
[Insert details]

Please briefly describe your organisation, its aims and main activities.

[Insert details]

Does your organisation have a bank account in the organisation's name?

☐ Yes
☐ No

If no, please explain how any grant funding would be received, held and managed on behalf of the organisation:

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3. Project Details

What are you applying for?
Please describe the project, activity or item for which funding is requested.

[Insert details]

How will this benefit the residents of Diss?
Please explain who will benefit and what difference the funding will make.

[Insert details]

Where will the project or activity take place?
[Insert details]

When will the project or activity take place?
[Insert details]

Approximately how many people are expected to benefit?
☐ Up to 10
☐ 11–25
☐ 26–50
☐ 51–100
☐ More than 100

4. Funding Request

How much funding are you requesting from Diss Town Council?
£[Insert amount]

What is the total cost of the project or activity?
£[Insert amount]

Please provide a simple breakdown of costs:

Item or activity	Cost
[Insert details]	£[Insert amount]
[Insert details]	£[Insert amount]
[Insert details]	£[Insert amount]
Total	**£[Insert amount]**

Have you applied for, or received, funding from any other source for this project or activity?
☐ Yes
☐ No

If yes, please provide details.

Funding Source	Amount Applied For	Amount Secured
	£	£
	£	£
	£	£

Is your organisation contributing any funding, resources or volunteer time towards the project?
☐ Yes
☐ No

If yes, please provide details:
[Insert details]

If unrestricted reserves exceed the amount requested from Diss Town Council, please explain why external funding is required.

[Insert details]

5. Supporting Information

Please provide the following where available:

☐ Evidence of the proposed expenditure (e.g. quotation, estimate or simple budget)
☐ Evidence of other funding, if applicable
☐ Any supporting information that will help the Council understand the project or activity

The Council may request additional information where this is considered necessary to assess the application.

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6. Conditions of Grant

If awarded funding, the organisation agrees:

- To use the grant solely for the purpose stated in this application.
- To notify the Council of any significant changes to the project.
- To provide monitoring information when requested.
- To acknowledge support from Diss Town Council where appropriate.
- To return any grant funding not used for the approved purpose.
- To provide evidence of expenditure if requested by the Council.
- That unused grant funding may be returned to Diss Town Council.
- That grant awards may be recorded in Council minutes and published in line with normal transparency requirements.

Failure to comply with grant conditions may affect future applications and may result in a request for repayment of all or part of the grant.

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7. Declaration

I confirm that:

- I am authorised to submit this application on behalf of the organisation named above.
- The information provided in this application is accurate to the best of my knowledge.
- The organisation agrees to comply with the conditions of grant.

Name:
[Insert details]

Position in organisation:
[Insert details]

Signature:
[Insert details]

Date:
[Insert details]

8. Submission

Please return the completed form to:

The Town Clerk
Diss Town Council
11–12 Market Hill
Diss
Norfolk
IP22 4JZ

Office Use Only

Date received:
[Insert details]

Application complete:
☐ Yes
☐ No

Additional information requested:
☐ Yes
☐ No

Panel review date:
[Insert details]

Full Council meeting date:
[Insert details]

Decision:
☐ Approved
☐ Approved in part
☐ Refused
☐ Deferred

Amount awarded:
£[Insert amount]

Minute reference:
[Insert details]

Monitoring required:
☐ Yes
☐ No

Notes:
[Insert details]