Community Grant Application Form



Chipping Norton Town Council’s Grants to Voluntary Bodies Application Form 2024-25

Applications must be received before 5pm on the deadline 24th June 2024 (to be considered at the July meeting) or 20th January 2025 (to be considered at the February meeting)

Chipping Norton Town Council (CNTC) are looking for applications of up to £2k which demonstrate:

* Improved Physical, Mental, Emotional Health, and Environmental or Economic outcomes.
* Direct, positive, impact for Chipping Norton residents.

For more information, please see our guidance which can be found at [www.chippingnorton-](http://www.chippingnorton-tc.gov.uk/grants) [tc.gov.uk/grants](http://www.chippingnorton-tc.gov.uk/grants).

|  |  |  |
| --- | --- | --- |
| Name of Organisation |  | |
| Name of Project or Activity |  | |
| What is the delivery time  scale of your Project or Activity | Start (mm/yyyy) | Finish (mm/yyyy) |
|  |  |
| Amount of funding  requested from CNTC |  | |

Contact Details

|  |  |
| --- | --- |
| Name of the person making the application |  |
| Position in organisation |  |
| Email address |  |
| Telephone number |  |

Organisation details

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Website |  |
| Social media links |  |
| Description of organisational purpose and how it benefits the community |  |
| Please outline any fundraising activities that your organisation has undertaken in the past  year |  |
| Do you have any special projects which require additional financial expenditure by your  organisation in the next year? |  |

Payment details if application is successful

|  |  |
| --- | --- |
| Name of account |  |
| Sort code |  |
| Account number |  |

Project Details

Please tell us in no more, than 300 words, about your project. Who will your project benefit, how will it be delivered, how can people join in...

How will you measure the impact of your project?

If awarded a grant last year from CNTC could you please state how the funds helped your organisation and what they were used for.

How much will your project cost and how will you use the money?

|  |  |
| --- | --- |
| What is the total cost of your project? |  |
| How much Funding would you like from CNTC? |  |
| Where will the remaining funding come from? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget** (please complete the following budget for your project) | | | |
| **Title** | **Description** | **Total amount** | **Amount requested From CNTC** |
|  |  |  |  |
| Management costs |  |  |  |
| Training |  |  |  |
| Office costs (rent, telephone etc) |  |  |  |
|  |  |  |  |
| Salaries |  |  |  |
| Expenses (travel etc) |  |  |  |
| Venue hire |  |  |  |
| Materials |  |  |  |
| Publicity |  |  |  |
| Volunteer expenses |  |  |  |
| Other (please specify) |  |  |  |

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|  |  |  |  |
|  |  |  |  |
|  | Sub total |  |  |
|  |  |  |  |
|  | TOTAL |  |  |

**Declaration**

|  |  |
| --- | --- |
| We confirm that all the information contained within this application is true and accurate to the best of our knowledge and belief, and that we are authorised to submit this application on behalf of the group.  We have read and agree to abide by the terms and conditions (please click/tick box to agree) | |
| We agree to crediting Chipping Norton Town Council for the funding for this project through our communications and are happy for CNTC to share stories and grant feedback through their communications. (please click/tick box to agree) | |
| We are happy to arrange visits by CNTC staff and councillors to our project while it is being delivered (please click/tick box to agree) | |
| We have provided copies of the following necessary documents (refer to Grant Application Information) to support the application (please click/tick as appropriate):  Accounts Bank statement or paying-in slip Constitution (to double check bank details)  NB. Scanned copies are acceptable if you send your application by email.  **Applications will not be taken to committee without all these supporting documents** | |
| Signature 1 (person submitting form)  Signature 2 (Chair or senior representative of the organisation)  **Typed entries acceptable for email applications** |  |
| Date: | |

Please return your completed application form to:

Chipping Norton Town Council, The Guildhall

Chipping Norton OX7 5NJ

[deputyclerk@chippingnorton-tc.gov.uk](mailto:deputyclerk@chippingnorton-tc.gov.uk)