

## <u>Chipping Norton Town Council's Grants to Voluntary Bodies Application Form</u> **2024-25**

Applications must be received before 5pm on the deadline 24<sup>th</sup> June 2024 (to be considered at the July meeting) or 20<sup>th</sup> 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 <a href="www.chippingnorton-tc.gov.uk/grants">www.chippingnorton-tc.gov.uk/grants</a>.

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
be delivered, now can people join in

now will you measure	the impact of your proj	cct:		
If awarded a grant last y organisation and what t	vear from CNTC could you p they were used for.	olease stat	e how the funds hel	ped your
How much will your p	roject cost and how will	you use t	he money?	
		Т		_
What is the total cost of y				_
How much Funding would				
Where will the remaining	funding come from?			
	· · · · · · · · · · · · · · · · · · ·	·		
Budget (please comple	te the following budget f	or your p	roject)	
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)

Sub total	
TOTAL	

Declaration	
We confirm that all the information contained within	• •
our knowledge and belief, and that we are authorise	
We have read and agree to abide by the terms and c	onditions
(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 stor	ies and grant feedback through their communications.
(please click/tick box to agree)	
We are happy to arrange visits by <u>CN</u> TC staff and coun	cillors to our project while it is being delivered
(please click/tick box to agree)	
We have provided copies of the following necessary	
to support the application (please click/tick as appro	ppriate):
Accounts Depth statement or positive in	alia Canatitutian
Accounts Bank statement or paying-in (to double check bank detail	
(to double check bank detail	3)
NB. Scanned copies are acceptable if you send your	application by email.
Applications will not be taken to committee withou	t all these supporting documents
Signature 1 (norsen submitting form)	
Signature 1 (person submitting form)	
Six and the 2 (Chairman and the control of the	
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