**SUFFOLK ARMED FORCES WEEKEND 2017 LEGACY**

**GRANT APPLICATION FORM**

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| **Organisation NAME** |  | | | | |
| Official / Registered Address of the Organisation | | | | | |
|  | | | | | |
| Website Address | |  | | | |
| Year organisation established | |  | | | |
| Address to which correspondence should be sent if different from above | | | | | |
|  | | | | | |
| Name of person completing this form | | |  | | |
| Position held | | |  | | |
| Daytime telephone number | | |  | | |
| Email address | | |  | | |
| What is the legal status of your organisation? Please tick one of the following: | | | | | |
| 1. unregistered voluntary or community organisation 2. registered Charity in England or Wales 3. waiting to be registered as a Charity 4. charity recognised by HMRC in Scotland or Northern Ireland 5. exempt / excepted Charity registered in England and Wales 6. Other (Please state below) | | | |  |  |
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| Registered Charity No. (If applicable) | | |  | | |
| **PURPOSE OF ORGANISATION** *(Briefly describe the aims and objectives and who primarily benefits from your organisation)* | | | | | |
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| **Please provide a copy of your organisation’s constitution, rules or statement of purpose if available.** | | | | | |

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| **Reason for Grant** |  | | | |
| Description *(What will the funding be used for? Please be specific and continue on a separate sheet if necessary)* | | | | |
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| When will the grant be spent? | | |  | |
| Benefits the grant will provide *(Explain the specific outcomes and how this relates to WWI Centenary Commemorations and/or benefits armed forces personnel, veterans or cadets in Felixstowe and / or the wider Suffolk Coastal District area. Continue on a separate sheet if necessary)* | | | | |
|  | | | | |
| Total Grant requested *(Minimum £100. Funding requests above £500 will be considered depending on the nature of the project)* | | | | **£** |
| Any other sources of funding for this project *(also include the name of any other grant funding organisations to which you may be applying)* | | | | **Amount** |
|  | | | | **£** |
|  | | | | **£** |
| Total Cost | | | | **£** |
| **FINANCIAL INFORMATION TO SUPPORT YOUR APPLICATION** | | | | |
| If your accounts record an accumulated surplus, please state how much and what you plan to spend it on. | | | | |
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| If your organisation has financial reserves, please state how much and for what purpose(s) these are held. | | | | |
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| **Please submit a summary of your most recent year-end accounting statement. In the case of a new organisation, please provide projected costs and expected income for at least one year.** | | | | |
| Please list the amounts and dates of any previous funding received from Felixstowe Town Council | |  | | |

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| **CONDITIONS** |
| Successful applicants may be required to:  • Account for how the grant money has been spent  • Provide copies of all relevant invoices, receipts and purchase orders.  • Submit, within 12 months of the grant being awarded, a brief report detailing how the Grant was used.  • Acknowledge the support of Felixstowe Town Council and Suffolk Coastal District Council in any relevant promotional material. This helps let people know where the councils’ grant aid is being spent and to encourage others to apply. You will be asked to forward to us any publicity and photographic evidence of the project/purchase where appropriate and this may be used on the councils’ websites.  Felixstowe Town Council reserves the right to attach additional conditions to your grant. Any such conditions will be explained in your notification of grant letter.  Felixstowe Town Council reserves the right to reclaim any award not spent for the purposes it was granted and/or not spent during the financial year it was awarded.  The Town Mayor and/or a representative from Felixstowe Town Council or Suffolk Coastal District Council may wish to visit the applicant organisation or attend one of its events.  **All decisions regarding applications are final and non-negotiable.** |
| *I confirm that I am authorised to make this grant application on behalf of this organisation and the information provided herein is, to the best of my knowledge, complete and accurate. I have read, understood and accept the conditions above which may be attached to any funding awarded.*  Signed:  Name: Date: |
| Felixstowe Town Council is a registered data controller. We may use the information you submit to check the accuracy of information, prevent fraud or detect crime in order to protect public funds. Where this is necessary we will comply with all aspects of the Data Protection Act (DPA). |

Once completed, submit this application form and any supporting documentation via email to [enquiries@felixstowe.gov.uk](mailto:enquiries@felixstowe.gov.uk) or post to:

Felixstowe Town Council

Felixstowe Town Hall

Undercliff Road West

Felixstowe

IP11 2AG

**You will be notified of the outcome of your application once a decision has been made. Felixstowe Town Council reserves the right to request additional information before consideration of this application.**

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| **APPLICATION CHECKLIST** *(please remove and retain this page for your own records)* | |
| For any advice or information on your application please call 01394 282086 or visit [www.felixstowe.gov.uk/grants](http://www.felixstowe.gov.uk/grants)    **NOTE: Individuals who wish to apply for a grant must do so via a military-related charity such as the Royal British Legion**  **The minimum grant amount is £100. Funding requests above £500 will be considered depending on the nature of the project.**  **The grant must benefit military-related causes in the Suffolk Coastal District area.** | |
| Date application submitted: |  |
| **Successful application should be able to answer ‘yes’ to the following questions:**   * Application Form completed, signed and dated? * Copy of constitution, rules or statement of purpose provided? * Summary of year-end accounts statements for most recent financial year, or, in the case of new organisations, projected costs and expected income for at least one year? * Any supplementary pages or information in support of the application provided?   **If your organisation holds any of the following, you should consider submitting a copy in support of your application as well:**     * Equal Opportunities Policy * Public Liability Insurance Certificate * Child Protection Policy * Vulnerable Adults Policy | |

This Grant scheme is funded by proceeds from the 2017 Suffolk Armed Forces Weekend event organised by Suffolk Coastal District Council and supported by Felixstowe Town Council.