

WOODBIDGE TOWN COUNCIL
APPLICATION FOR A GRANT

Before completing this form, please read carefully the attached document entitled TCP 23 – Grants Policy.

*Copies of this form together with the **latest copy of your audited or examined accounts** must be submitted by **31st May 2022***

If you have any queries on the completion of this form please contact the Town Clerk, Woodbridge Town Council, Shire Hall, Woodbridge, IP12 4LP Email: townclerk@woodbridge-suffolk.gov.uk

DETAILS OF YOUR ORGANISATION

Name of Organisation _____

Address _____

Contact Telephone No. _____

Email _____

Registered Charity No. _____

If you are part of a larger organisation, enters its name _____

Principal aims and activities _____

No. of volunteers _____ No. of paid workers _____

DETAILS OF GRANT REQUESTED

Explain your need for a grant with the likely number of beneficiaries and their age profiles

Grant Requested £ _____

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BANK ACCOUNT DETAILS FOR GRANT TRANSFER *(Should application be successful)*

Account Name: _____

Account Number: _____ Sort Code: _____

Reference Number: (If Applicable) _____

SUPPORTING DOCUMENTATION

Please confirm if your organisation holds the following documentation/ policies.

Policy	Yes	No
Aims of the organisation /Constitution / Memoranda and Articles / Terms of Reference		
Equality and Diversity policies		
Protection of Children and Vulnerable Adults (Safeguarding) Policy		
Health & Safety Policy		
Risk Assessments (covering activities for which funding is sought)		
Insurance Certification covering the activities for which funding is sought		

DETAILS OF OTHER GRANTS

Received in the last 5 years _____

currently applied for _____

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Use this space for any significant information about your organisation not already supplied

Use this space to explain how Council support will be acknowledged/publicised

I certify that the foregoing replies are accurate to the best of my knowledge

Signature of applicant _____

Office Held _____ Date _____

I endorse and support this application

Signature of Senior Person in Organisation _____

Office Held _____ Date _____

Form ref GD Grant App Form 2022
