

Grant Application Form

Please ensure that when applying for a grant, you use this form and answer every question. If you fail to do so, Selby Town Council reserves the right not to consider your application. You must provide the attachments requested to support your application. You may supply further information *if it is relevant to your application*.

About vous organisation		
About your organisation Name of organisation		
Contact name		
Position		
Address		
Landline		
Mobile		
Email address	_	
Social media accounts (if you have any)		
Status of your organisation (ple	ease tick) and prov	ride additional information
Registered Charity	Registered Number	
Charitable Incorporated Organisation (CIO)	Registered Number	
Community Interest Company (CIC)	Registered Number	
Unincorporated organisation	Please supply copy of constitution with your application	
Sports or Social Club	Please supply details of registration with a national body with your application	
Other	Please provide full details in the box below	
What are the aims and objectives of you may include your mission staten		Please write no more than 150 words – tion, if you have one)
How many users/members does you you are part of a national or regional	organisation, please	
the number of users/members in you	ır local branch	

		by Town (please note Willoughby and other		
Where are your me	eetings held?			
If you have an offic	e/an administrative	e base, where is it?		
How much do you charge for membership/use	£		Per	
Your Funding A	pplication			
Amount of funding	applied for			
date for the project	(s) or service(s). If	need this funding? Pleaso you are applying for fund u plan to fund it in the lo	ding for a long	g-term project or
Who will be respor qualifications and e		ry of the project(s) and/c have?	or service(s) a	and what relevant
How would the fun than 500 words)	ds make a differend	ce to your organisation a	and its users?	(Please write no more
disability and healt	h conditions, sex, g	ng would benefit - please gender reassignment, etl your organisation's work	hnicity, sexua	l orientation and socio-
•				

If you wish to tell us anything more in support of your bid, please do so below. (Please write no more than 500 words)			
	•		
Your Organisation	on's Finances		
Finances for the	last accounting	g year	
Dates of accounting	g year		
Total income			
Total expenditure			
Total income minus	•		
Total balances/rese at the end of your l			
Please give details of your organisations financial reporting procedures. You may include a written policy or procedure with your application if you have one. If you do not have any financial reporting procedures, please explain how your organisation's finances are checked or audited.			
Please give details specify the amount		re received from Selby Town Council in the past	five years –
Year	Amount	Purpose	
	I	1	
If you have applied project(s)/service(s		nisations in the past year to help with funding fo	r the same
Organisation	Date of	Amount requested	Successful,
applied to	application		unsuccessful or pending?

Payment details to be used if your application is successful

Please note, our default method of payment is BACS (bank transfer)			
Account name			
Sort Code			
Account Number			

If you do need a cheque, please let us know on being notified of your successful application.

Declaration

I declare that the details I have provided are true and correct to the best of my knowledge.

Our organisation agrees to be bound by the terms and conditions set out in Selby Town Council's Grants Policy.

I confirm that, if our application is successful, we will acknowledge the funding provided by Selby Town Council on our website, letter headed paper and any other relevant paperwork.

Name	Position
Signature	Date

Checklist

All questions on the form completed	
Declaration signed	
Copies of latest audited/approved accounts and for previous two financial years attached	
Any other attachments referred to in the application form are attached	
Evidence of acknowledgement of any previous Selby Town Council funding attached	

This form must be fully completed and returned with all necessary documentation by 12:00 noon on 31 March 2024. Late applications will not be considered.

Please return to: The Town Clerk, Selby Town Council, Town Hall, York Street, Selby YO8 4AJ or email to: admin@selbytowncouncil.gov.uk

Applications will be considered at the Selby Town Council Special Grants meeting each year. The decision of the Council is final and there is no appeals process. No correspondence will be entered into with unsuccessful applicants.

Appendix 1

Terms and Conditions

Selby Town Council (the Council) reserves the right to grant the amount requested, grant any amount up to that requested or to refuse any grant application. The Council may also award a grant subject to meeting additional criteria or the satisfactory answers to supplementary questions.

Failure to answer any of the questions on this form or to supply the information required may result in automatic disqualification from any grants.

By signing this form, you are certifying that all answers are true and correct to the best of your knowledge. If any of your responses are found to be untrue the Council reserves the right to take action to reclaim any grant awarded.

All grant funds awarded must only be used for the specific purposes stated in the 12 months following the award. Grant funds awarded must NOT be used for any other purpose. If your organisation finds it unable to use the funds for the purpose stated, the Council reserves the right to reclaim the grant from you.

However, if your organisation finds that it is having genuine difficulties using the funds for the specific purposes stated, please get in touch with the Council. Where appropriate, we will try to agree alternative uses of the funds with you. Only after such a written agreement from the Council is obtained may you use the funds for the alternative uses. It is in your own interest to discuss this with the Council at the earliest opportunity – otherwise the Council reserves the right to reclaim the money back from you.

Your organisation is responsible for acknowledging the contribution made by the Council as stated in your responses, and for meeting the cost of such acknowledgement.

Your organisation **MUST** complete the evaluation form issued by the Council. This form allows the Council to ensure that the funds awarded have been used for the purposes set out in the application form.

If your organisation fails to comply with these terms and conditions, the Council reserves the right to take action to reclaim the amount awarded and to refuse funding in future years.

We will not provide funding retrospectively.

Appendix 2

Selby Town Council Grant Evaluation Form

Reminder – Failure to return this form **WILL** result in no further grants being awarded to your group/organisation.

Please complete and return this form within 6 months of completion of your project or scheme, returning it to the address below.

Please complete all sections

As a condition of your funding, you agree to provide evidence of how your funding was spent – failure to do this may exclude applicants from applying for any future funding. Please remember to include receipts, invoices or photographs of the project with this evaluation form.

Your feedback is important to us as it is used for internal audit purposes in our community planning work and enables us to reflect on our Community Grants process and how well the public funds used have addressed the needs of the community.

If you would prefer to complete an electronic version, this may be downloaded from the Council's website (www.selbytowncouncil.gov.uk)

PLEASE WRITE CLEARLY

Name of Organisation/Group:
What did your project/scheme involve and how was your grant spent? (e.g.,
funded days out, funded room hire)?

How did/does your project benefit local people and approximately how many?			
What other Agencies/Groups/Organisatio	ns were involv	ved in this proje	ect?
Do you consider your project/scheme has	proved a suc	ccess, and if so	o, why?
	•	,	,
If your project was for a long-term item (e	a Councellin	ag over covere	Lyoars or a
repeat project (e.g., summer playscheme			
the future?			
How much funding did you receive from Selby Town Council (STC)?			
	1 12 (1 (00
What was the total cost of your project (in	cluding that a	warded by ST	<i>3</i> ?
Did you obtain any publicity for this projec	t or scheme	Yes	No
and was the award from STC acknowledged in any			
publications e.g., press articles or newsletters? (Please tick)			
I have enclosed an example of all publicity		Yes	No
acknowledging STC's award (Please tick)			
Name:			
Address:			
Tel No/Email:	Date:		
Thank you for taking time to complete this evaluation form			
Please return your completed evaluation to: Selby Town Council, The Town Hall, York St, Selby, YO8 4AJ			
admin@selbytowncouncil.gov.uk			