



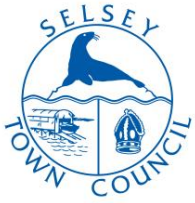
SELSEY TOWN COUNCIL COMMUNITY GRANT APPLICATION FORM

1. CONTACT DETAILS OF YOUR ORGANISATION

| | | | | | | | | |
|---|--------------------------|------------------------|-------------------------------|----|-----|------|----|-------|
| Full name of the organisation: | | | | | | | | |
| Date organisation was established: | | Contact Details: | | | | | | |
| Type of organisation (tick one box): | | | Title: | Mr | Mrs | Miss | Ms | Other |
| Registered Charity | <input type="checkbox"/> | Un-registered Charity | Full Name | | | | | |
| Society | <input type="checkbox"/> | Community Interest Co. | | | | | | |
| Community Group/Club | <input type="checkbox"/> | Individual | Position in the organisation: | | | | | |
| Company or Charity? Please provide the Registration Number: | | | | | | | | |
| Other (e.g. Parish Council/Local Authority etc) | | | Telephone Contact Details: | | | | | |
| | | | Home | | | | | |
| | | | Mobile | | | | | |
| Work | | | | | | | | |
| Official Address of the organisation: | | | Contacts Address: | | | | | |
| Postcode: | | | Postcode: | | | | | |

2. DETAILS ABOUT YOUR ORGANISATION

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| <p>Please describe in brief, what your organisation does and how it functions. (what are its aims, objectives and structure/membership requirements & numbers/achievements to date) Please attach a copy of your constitution/terms of reference/operating document & note whether information about the organisation is available to the public.</p> |
| |
| <p>What does your organisation do within the community? How is it part of Selsey?</p> |
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Please provide financial details about your organisation.
(Estimated annual turnover of your organisation/how much do you raise/how do you spend your money).
Please attach a copy of your latest annual financial accounts. If these are not available, please provide year-to-date information on income including donations and expenditure including actual and planned.

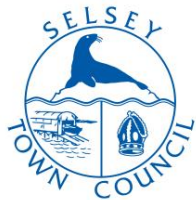
3. PROJECT/INITIATIVE DETAILS

Please describe the proposed project/initiative. Who is it aimed at? What will it achieve?

Please indicate how the project/initiative will be promoted to raise awareness among Selsey residents.

Please describe how the project/initiative will meet the Council's own objectives as described in its Business Plan 2020-24 and/or community needs?

Which aspect of Selsey does the project/initiative best support?



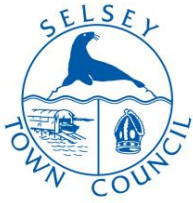
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4. PROJECT FUNDING & MANAGEMENT

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| Total proposed cost of project/initiative: £ |
| Total contribution requested from Selsey Town Council: £ |
| Please give a breakdown of how the project/initiative will be implemented including ongoing management and how success will be measured. A separate sheet should be attached if necessary. |
| |

5. FURTHER INFORMATION

| |
|---|
| What has your group done to raise finances so far this year? |
| |
| Has your organisation applied for any other funding from other sources? If so, please give details of where you have applied, how successful you were and how much was given. |
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SELSEY TOWN COUNCIL COMMUNITY GRANT APPLICATION FORM

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| <p>What contribution, if any, has your group put into the project/initiative for which you are seeking a grant? You may include volunteer time.</p> |
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| <p>If the project/initiative is a fundraising activity or results in a funding surplus please indicate below how the funds generated will be allocated:</p> <p><input type="checkbox"/> Retained to fund specific services. Describe _____</p> <p><input type="checkbox"/> Retained as reserves against future projects.</p> <p><input type="checkbox"/> Donation to outside group or organisation. Identify _____</p> |
| <p>Does the applicant, whether as individuals or as an organisation, have a connection to or relationship with Selsey Town Council, its staff or its Councillors? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No</p> <p>If yes, please describe the nature of the connection or relationship below:</p> <p><input type="checkbox"/> Councillor</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Personal relationship with Councillor or employee, eg. wife, brother, daughter, son-in-law</p> <p><input type="checkbox"/> Colleague</p> <p><input type="checkbox"/> Supplier/contractor</p> <p><input type="checkbox"/> Other (please describe _____)</p> |

Please feel free to continue any part of your application on another sheet of paper if necessary, marking clearly the section it relates to. Thank you.

Note applications will be not be valid without the final, signed declaration below.

- I confirm that the group named on the front page of this document has authorised me to sign this declaration on their behalf.
- I certify that the information given in this application is true to the best of my knowledge.
- I declare that should a grant be awarded, the money will be used solely for the purposes outlined in the application.
- I understand that should the proposed the project/initiative not proceed, any grant funds awarded must be returned to Selsey Town Council within 6 months of the proposed event date.

Note: To comply with the Data Protection Act 2018 we require you to sign this document to give consent for your application details, including contact information, to be retained by Selsey Town Council. The information will only be retained and used in connection with your grant application and not for any other purpose. We confirm that your information will not be shared with any other organisation unless we are required to do so by law.

| | | | |
|-------------------|--|----------------------|--|
| Signature: | | Date: | |
| Name: | | Organisation: | |

Please return this form and supplementary information to: Clerk/RFO, Selsey Town Council, 55 High Street, Selsey, West Sussex, PO20 0RB or via enquiries@selseytowncouncil.gov.uk

The biannual application deadlines are 25th February & 25th August each year.