**Peacehaven Town Council**

Meridian Centre, Meridian Way

Peacehaven, East Sussex, BN10 8BB

Tel: 01273 585493

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| **GRANT APPLICATION FORM** |

**The Town Council invites grant applications, which primarily support local organisations and which directly benefit residents of the Town.**

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| **ORGANISATION / CHARITY NAME:**  |

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| **2. CONTACT DETAILS:****Contact Name: ………………………………………………………………………………………………****Postal Address: ……………………………………………………………………………………………****…………………………………………………………………………………………………………………****…………………………………………………………………………………………………………………****Email Address: .…………………………………………………………………………………………….****Telephone Number: …………………………………………….** |

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| **3. VAT REGISTERED: YES / NO** |

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| **4. REGISTERED CHARITY: YES / NO****Charity Registration No: ………………………..** |  | **5. DATE ORGANISATION ESTABLISHED:** |

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| **6. DESCRIPTION OF ORGANISATION INCLUDING AIMS** |
| **7. MEMBERSHIP****Total Membership / Service Users: …………………….****Membership / Service Users resident in Peacehaven …………………..** |

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| **8. REASON FOR GRANT REQUEST:***(eg. details of project together with numbers of those involved in the project, members and/or others, equipment, event, How many Peacehaven residents will benefit from this application?)* |

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| **9. PROJECT END DATE**: ………………………………………… |

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| **10. AMOUNT OF GRANT REQUESTED***(See Peacehaven Town Council Grants Policy. If you are registered for VAT, it should not be included in the amount requested)* |

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| **11. ENVIRONMENTAL IMPACT***(The council has declared a “Climate Emergency”, how will your grant contribute to limiting the effects of climate change? Does your project have any negative effects on climate change and how will you mitigate this?)* |
| **12. WHO HAVE YOU APPLIED TO FOR OTHER GRANTS:***(e.g. organisations applied to and amount requested / amount received)* |

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| **13. DETAILS OF PREVIOUS GRANT APPLICATIONS:***(if you received a grant last year please provide details of how it was used)* |

**14. FINANCIAL INFORMATION:**

*(Please complete details below and either attach last year’s audited accounts or audited summary of accounts for your organisation).*

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| --- | --- | --- |
|  | **NOW** | **ONE YEAR AGO** |
| **Current Assets** |  |  |
| **Current Cash Balance** |  |  |
| **Annual Income** |  |  |
| **Annual Expenditure** |  |  |

**Signature ……………………………............. Date …………….........**

*(person authorised to apply for and on behalf of the organisation named in Item 1)*

**Notes:**

*The Town Council considers grant applications from local organisations each year and successful applications do not imply an automatic future success – each is considered on its merits and against availability of funds. Please see Peacehaven Town Council Grants Policy.*

*Depending on circumstances, organisations that are successful in their grant application may be invited to attend a presentation ceremony for publicity purposes.*

*Please return your completed form to Peacehaven Town Council, Meridian Centre, Meridian Way, Peacehaven, BN10 8BB or email to* *townclerk@peacehaventowncouncil.gov.uk*