

BELPER TOWN COUNCIL

APPLICATION FOR SMALL ONE OFF GRANT

1. NAME of ORGANISATION: _____

2. NAME and ADDRESS of CONTACT: _____

3. POSITION in ORGANISATION: _____

4. TELEPHONE Daytime: _____ Evenings: _____

5. EMAIL: _____

6. Briefly Outline what the current activities of your group are: _____

7. How many people are currently involved in the running of your group?

Employed full-time worker

Volunteers

Employed part-time worker

Members

Support or external worker

Informal helpers

Committee Members

Others (please state)

8. What will the grant be used for, how are you going to do it and where? _____

Please continue on a separate sheet if necessary

9. When will the project start: Month _____ Year _____

10. When will the project finish: Month _____ Year _____

11. Where will your project take place – address and postcode, if different from the contact address given:

12. How will you advertise the project and encourage involvement?

Please continue on a separate sheet if necessary

13. Do you work with any other groups or agencies? If so, please outline how you work together:

14. How do you know that the project is needed?

Please continue on a separate sheet if necessary

15. How many people will benefit from the project/grant? -----

16. Who will benefit from the project/grant in Belper Parish? -----

Please continue on a separate sheet if necessary

17. How will they benefit from the project/grant? -----

Please continue on a separate sheet if necessary

18. Describe how the project / grant will benefit people with a Disabling Condition ? -----

19. A) Please confirm that you have carried out the Accessibility Training referred to in section 9 of the notes below

B) Please confirm you have completed the Questionnaire referred to in section 9 of the notes below

20. How will you show that your project/grant has made a difference? -----

20. How much will your project cost in total? : £ -----

21. How much do you require from Belper Town Council? : £ -----

22. Where will the rest of your funding come from – if applicable? £ -----

Please continue on a separate sheet if necessary

Please provide breakdown of items required:

Item Description	Quote Y/N	Cost £

Please continue on a separate sheet if necessary

23. How is your project responding to climate change and the global climate emergency?

24. How long has the organisation existed and how many Belper residents does it serve:

Please continue on a separate sheet if necessary

25. Explain why this project cannot be funded from your own funds:

Please continue on a separate sheet if necessary

26. Please state your group/organisation finances for the last financial year:

Accounts date Month _____ Year _____

Total (gross) income - £ _____

Total expenditure - £ _____

Surplus/deficit at year end - £ _____

Unrestricted Savings/Reserves - £ _____

Restricted Savings/Reserves? - £ _____

If you have restricted reserves – please explain what they are restricted for:

Declaration:

I declare that I have the authority of the organisation to apply for the grant and that the information contained herein is accurate.

Enclosed:

Copy of the latest published ACCOUNTS: YES NO

Copy of the organisations CONSTITUTION: YES NO

The organisation will, if requested by Belper Town Council, produce evidence to show that the grant has been spent on the declared project.

Signed _____ Dated _____

- 1 Belper Town Council budgets a set amount each financial year to give as grant aid in support of local initiatives.
- 2 The application form must be completed **IN FULL** giving as much detail about the proposal as possible. A separate sheet may be attached.
- 3 Organisations applying should attach to the application form a copy of their latest balance sheet and profit and loss together with a copy of their constitution.
- 4 **Completed application forms should be returned to the Town Clerk, Belper Town Council, The Butts, Belper, Derbyshire DE56 1HX and emailed to clerk@belpertowncouncil.gov.uk.**
- 5 The Council's Clerk has delegated power to review applications, request further information, give advice and refuse applications that do not meet the Grant Aid criteria. The Clerk will refer applications to the Council's Full Council meetings on a monthly basis for decision. Applicants will be notified of the date and time of the meeting and be given an opportunity to address the meeting on the application. The decision will normally be made known to the Applicant in writing within seven days.
- 6 Grants will only be considered for projects and proposals which will enhance the quality of life of the people served by the Town Council. Applications from bodies outside the town boundaries may be granted where the proposals show a distinct benefit to the residents of the town.
- 7 Grants will normally only be considered for new / start up organisations and/or projects and/or one off events that meet one or more of the following criteria: The organisation/project or event
 - goes some way to filling in gaps in existing provision
 - is innovative and exciting
 - considers the needs of disadvantaged individuals and groups
 - takes positive steps to promote a healthy environment
 - promotes equality of opportunity and access for all
- 8 Grants will be considered for organisations/projects and events that can either show match funding is available, either through own resources or other grants and that the organisation/project/event is viable without further recourse to Council funding.
- 9 **Belper Town Council has produced an Accessibility Strategy and agreed to apply it to every area of its work and the services it provides. Working in partnership with Accessible Belper we want to encourage all organisations in the Town to appraise what they do and consider how accessibility can be improved in relation to people who have disabling conditions. To help you in this process we would ask that you:**
 - **Carry out the training – <http://www.accessiblebelper.org/video.html>**
 - **Complete the business questionnaire - <http://www.accessiblebelper.org/questions.html>**
- 10 Please complete the SLA grant form if your application is for one of the below:
 - fund general running costs of organisations
 - support applications from organisations which then go on to make donations to other charities and groups
 - give more than one grant in any one year to the same organisation
 - give a grant to an organisation that receives an annual grant (SLA) from the Council
- 11 **All successful projects MUST recognise Belper Town Council's funding in their literature and publicity and should also keep the Council informed of the development of the project funded by the Council.**

BELPER TOWN COUNCIL

APPLICATION FOR SERVICE LEVEL AGREEMENT

1. NAME of ORGANISATION: _____

2. NAME and ADDRESS of CONTACT: _____

3. POSITION in ORGANISATION: _____

4. TELEPHONE Daytime: _____ Evenings: _____

5. EMAIL: _____

6. Briefly Outline what the current activities of your group are: _____

7. How many people are currently involved in the running of your group?

Employed full-time worker

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Employed part-time worker

Members

Support or external worker

Informal helpers

Committee Members

Others (please state)

8. What will the grant be used for, how are you going to do it and where? -----

Please continue on a separate sheet if necessary

9. When will the project start: Month ----- Year -----

10. When will the project finish: Month ----- Year -----

11. Where will your project take place – address and postcode, if different from the contact address given:

12. How will you advertise the project and encourage involvement?

Please continue on a separate sheet if necessary

13. Do you work with any other groups or agencies? If so, please outline how you work together:

Please continue on a separate sheet if necessary

14. How do you know that the project is needed?

Please continue on a separate sheet if necessary

15. What benefits, skills and knowledge will participants gain from the project?

Please continue on a separate sheet if necessary

16. How many people will benefit from the project/grant? -----

17. Who will benefit from the project/grant in Belper Parish? -----

Please continue on a separate sheet if necessary

18. How will they benefit from the project/grant? -----

Please continue on a separate sheet if necessary

19. Describe how the project / grant will benefit people with a Disabling Condition ? -----

20. A) Please confirm that you have carried out the Accessibility Training referred to in section 9 of the notes below

B) Please confirm you have completed the Questionnaire referred to in section 9 of the notes below

21. How will you show that your project/grant has made a difference? -----

22. How much will your project cost in total? : £-----

23. How much do you require from Belper Town Council? : £-----

24. Where will the rest of your funding come from – if applicable? £-----

Please continue on a separate sheet if necessary

Please provide breakdown of items required:

Item Description	Quote Y/N	Cost £

Please continue on a separate sheet if necessary

25. How is your project responding to climate change and the global climate emergency?

26. What plans do you have for the project when funding ends?

Please continue on a separate sheet if necessary

27. How long has the organisation existed and how many Belper residents does it serve:

Please continue on a separate sheet if necessary

28. Explain why this project cannot be funded from your own funds:

Please continue on a separate sheet if necessary

29. Please state your group/organisation finances for the last financial year:

Accounts date Month _____ Year _____

Total (gross) income - £ _____

Total expenditure - £ _____

Surplus/deficit at year end - £ _____

Unrestricted Savings/Reserves - £ _____

Restricted Savings/Reserves? - £ _____

If you have restricted reserves – please explain what they are restricted for:

Declaration:

I declare that I have the authority of the organisation to apply for the grant and that the information contained herein is accurate.

Enclosed:

Copy of the latest published ACCOUNTS:	YES	NO
Copy of the organisations CONSTITUTION:	YES	NO

Does your group/organisation have an appropriate policy/process for the following:

Copy of the organisations SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY:	YES	NO
Copy of the organisations FINANCIAL CONTROLS AND MANAGEMENT POLICY:	YES	NO
Copy of the organisations EQUALITY AND DIVERSITY POLICY:	YES	NO

If you are working towards these policies and/or require support please contact Belper Town Council as we may be able to assist.

The organisation will, if requested by Belper Town Council, produce evidence to show that the grant has been spent on the declared project.

Signed ----- Dated -----

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- 4 **Completed application forms should be returned to the Town Clerk, Belper Town Council, The Butts, Belper, Derbyshire DE56 1HX and emailed to clerk@belpertowncouncil.gov.uk.**
- 5 **Grant applications must be submitted prior to 1st October in the year prior to which funding is required, in order to be considered in the Council's annual budget.**
- 6 The Council's Clerk has delegated power to review applications, request further information, give advice and refuse applications that do not meet the Grant Aid criteria. The Clerk will refer applications to the Council's Full Council meetings on a monthly basis for decision. Applicants will be notified of the date and time of the meeting and be given an opportunity to address the meeting on the application. The decision will normally be made known to the Applicant in writing within seven days.
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- 12 All successful projects MUST recognise Belper Town Council's funding in their literature and publicity and should also keep the Council informed of the development of the project funded by the Council.**
- 13 Reports will be required by 31 March following the payment made during the financial year. If the agreement is for more than 1 year each subsequent year a report will need to be sent into the Council's Clerk by 31 October for review by the Council.**