8 North Street

Crediton

Devon

EX17 2BT

Telephone: 01363 773717

Email: reception@crediton.gov.uk

**Large Grants Application Form (up to £3,000.00)**

Crediton Town Council (CTC) is looking for applications from community groups and organisations requesting up to £3,000.00, which:

* Provides a new or improves an existing asset or service which benefits a significant number of residents
* Enhances the profile and/or reputation of Crediton
* Supports CTC in achieving the overarching aims in its Strategic Plan.

Applications will be scored using the criteria set out within the Community Grants Policy.

Large Grant applications are considered by the Grants Sub-Committee and then approved by the Oversight Committee. Applicants may be invited to attend the relevant meeting of the Grants Sub-Committee.

Further information can be found at: [www.crediton.gov.uk](http://www.crediton.gov.uk)

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| --- | --- | --- |
| Name of Organisation |  | |
| Name of Project or Activity |  | |
| What is the delivery time scale of your Project or Activity | Start (mm/yyyy) | Finish (mm/yyyy) |
|  |  |
| Amount of funding requested from CTC |  | |

Contact Details

|  |  |
| --- | --- |
| Name of the person making the application |  |
| Position in organisation |  |
| Email address |  |
| Telephone number |  |

Organisation details

|  |  |
| --- | --- |
| Address |  |
| Website |  |
| Social media links |  |
| Description of organisational purpose |  |
| Bank details  If you are successful, payment will be made by BACS | Bank name:  Sort Code:  Account Number: |

Project Details

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| 1. Briefly outline the project that you have planned |
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| 1. How do you know there is a need for this project? (Please share any evidence you have including lived experience, surveys, data, anecdotal information and/or stories) |
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| 1. How will this project support some or all of CTC’s ambition as outlined in 1.5 of the Community Grants Policy? |
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| 1. Describe the impact on Crediton’s residents both in terms of the number of people your project will benefit and the extent of the impact |
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| 1. How will your project be financially sustainable in the long term? |
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| 1. How will you keep participants in your project safe? (This could include your intention to carry out risk assessments and for larger or medium organisations we would expect to see a safeguarding policy too) |
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| 1. It is helpful for us to know if there are other groups doing something similar and whether you have made contact to see if collaboration or partnership working is appropriate for this project |
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How will you measure the success of your project? We will use these when asking you to evaluate your project in 6 - 12 months’ time

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| Outcome | Success will look like | How we will measure it |
| E.g. well attended activities | 50 + participants by the 5th event | Sign in sheets |
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How much will your project cost and how will you use the money?

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| What is the total cost of your project? |  |
| How much funding would you like from CTC? |  |
| Where will the remaining funding come from? |  |

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| --- | --- | --- | --- |
| Budget(please complete the following budget for your project or provide a supplementary document) | | | |
| Title | Description | Total amount | Amount requested  from CTC |
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| Management costs |  |  |  |
| Training |  |  |  |
| Office costs (rent, telephone etc) |  |  |  |
|  | Sub Total |  |  |
| Salaries |  |  |  |
| Expenses (travel etc) |  |  |  |
| Venue hire |  |  |  |
| Materials |  |  |  |
| Publicity |  |  |  |
| Volunteer expenses |  |  |  |
| Other (please specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Sub total |  |  |
|  |  |  |  |
|  | TOTAL |  |  |

**Declaration**

|  |  |
| --- | --- |
| Have you received a grant in the last 3 years from CTC? |  |
| If so, how much? |  |
| What was the project? |  |
| Please tell us about any existing relationship with CTC. (For example, either by being a tenant or any existing or previous legal/financial arrangement with CTC) |  |

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| --- | --- |
| We confirm that all the information contained within this application is true and accurate to the best of our knowledge and belief, and that we are authorised to submit this application on behalf of the group.  We have read and agree to abide by the terms and conditions.  (please click/tick box to agree) | |
| We agree to crediting Crediton Town Council for the funding for this project through our communications, using CTC’s logo on websites or promotional material, and are happy for CTC to share stories and grant feedback through their communications.  (please click/tick box to agree) | |
| We are happy to arrange visits by CTC staff and councillors to our project while it is being delivered  (please click/tick box to agree) | |
| We have provided copies of the following necessary documents (refer to Grant Application information) to support the application (please click/tick as appropriate):  Accounts  Bank statement or paying-in slip  Constitution  (to double check bank details)  NB. Scanned copies are acceptable if you send your application by email.  Applications will not be taken to committee without all these supporting documents. | |
| Signature 1 (person submitting form)  Signature 2 (Chair or senior representative of the organisation)  **Typed entries acceptable for email applications** |  |
| Date: | |

Please return your completed application form to: Crediton Town Council, 8 North Street, Crediton, EX17 2BT

Email: [e.armitage@crediton.gov.uk](mailto:e.armitage@crediton.gov.uk)