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**Voluntary and Community Grants**

**Application Form 2024**

**Apply for a grant between £500 and £3000**

*PLEASE REFER TO THE COUNCIL’S POLICY STATEMENT AND GUIDANCE BEFORE COMPLETING THIS FORM.*

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| **APPLICANT DETAILS** | | |
| Name of Organisation |  | |
| Main Contact Name |  | |
| Telephone |  | |
| E-mail |  | |
| Address and post code |  | |
| Website or social media account |  | |
| Charity CIC or company number (if relevant) |  | |
| **YOUR ORGANISATION** | | |
| Please describe your organisation – i.e. as one of the following:-   * Charity * Community Interest Company * Community or voluntary group * Local club * Not for profit organisation * School Parent Teacher Association * Friends of … group * Religious bodies * Health charity   (Please also refer to 3.1 and 3.2. of the Council’s policy |  | |
| Please indicate what your organisation’s main role and purpose is (max 100 words) |  | |
| **YOUR APPLICATION OR PROJECT** |  | |
| Please give a description of the project you would like funding for, indicating who it will benefit, the geographical area it will impact, and whether you have any other partner organisations working with you. (max 300 words). |  | |
| Which of the Council’s themes does your project best match?  Please refer to the objectives set out in section 2.1. of the Council’s policy.  The categories are   * Measures which help address the cost of living pressures on local residents * Measures which improve mental health and wellbeing |  | |
| What will the Council’s grant pay for?   * Please refer to sections 4.1 and 4.2 of the Council’s policy * Please be as specific as you can |  | | |
| How will you measure the impact of the project? |  | | |
| Total you are seeking  (between £500 and £5000) | **£** | | |
| Please give a breakdown of the costs by category or item if you can | Staff/employees |  | |
| Volunteer costs |  | |
| Travel costs |  | |
| Supplies |  | |
| Equipment and capital items |  | |
| Premises costs and facilities |  | |
| New IT costs |  | |
| Publicity and promotion |  | |
| Other (please list) |  | |
|  |  | |
|  |  | |
| Have you secured funding towards this project either from your own resources or another grant? | **£ organisations own resources**  **£ grant award (please list for each award)** | | |
| Have you applied for any other grant funding not yet awarded? If so how much? | **£** | | |
| Period you expect the project to run for. |  | | |

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| **DECLARATION** | | |
| 1. I am authorised to make the application on behalf of the above organisation. 2. I confirm that our organisation has the necessary governance in place to ensure value for money and audited accountability for the spend of any money allocated through the grant process. 3. Our organisation has an up-to-date Safeguarding Policy I can submit upon request. 4. I certify that the information in this application is correct. 5. All money granted must be used for items listed in application only. If the information in the application changes in any way, I will inform Kettering Town Council. 6. I understand that the information given in this form (except for bank statements) may be made available to members of the public and/or other organisations. 7. If successful, I will submit photographic evidence to KTC to enable them to use for publicity regarding the project. 8. I agree to participate in monitoring, auditing, and reporting feedback related to KTC grant funding when accepting the grant. 9. If successful, I agree to abide by the terms and conditions of the grants awarded above. | | |
|  | Signatory One | Signatory Two |
| Signed |  |  |
| Name in Block Capitals |  |  |

**CONTINUE ON NEXT PAGE**

The Town Council’s preference is to make payment of awards by bank transfers. Please provide your bank details.

Bank account details to be completed in block capitals please.

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| Name of account . |
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| Branch sort code |  |  | **-** |  |  | **-** |  |  |

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| Branch/Building Society  account number |  |  |  |  |  |  |  |  |

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| Kettering Town Council reference number (OFFICE USE ONLY) |  |  |  |  |  |
| Organisation name and address | | | | | |
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|  | | | | | |
| Telephone contact details | | | | | |

Email address for emailing the remittance advice:

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| Signature |
| Name in block capitals |
| Position held |