BLAKELAW

NORTH FENHAM

**1**

TOGETHER AS

COUNCIL

COMMUNITY

**Blakelaw and North Fenham Community Council**

**Meetings held at:**

**The Community Room**

**Moorland House, Moulton Place**

**Blakelaw, Newcastle upon Tyne**

**NE5 3RY**

**Tel: 07588154441**

**E-mail: bnfcc@outlook.com**

**Chairperson of Council: Councillor John Wears**

**Clerk to the Community Council: Helen Richardson**

**GRANT AID APPLICATION FORM**

**Total Cost of Event/Activity/Project - £**

**Grant amount applied for from Community Council - £**

1. Name of Organisation, Community Group, Club or Society

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| --- |
|  |

1. Permanent Address (including postcode)

|  |
| --- |
|  |

1. Type of Organisation ie Community Group/Club/Society/Charity

|  |
| --- |
|  |

1. Is your charity registered?

|  |
| --- |
| Yes / No  Registered Charity Number: - |

1. Date Organisation formed:-

|  |
| --- |
|  |

1. Geographical area served by your Organisation:-

|  |
| --- |
|  |

1. Please state the aims and objectives of your Organisation and it’s main activities that will benefit the residents who live within the Blakelaw and North Fenham Community Council Parish boundary(please use an additional sheet if required) :-

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1. Please detail the age range of residents within the Blakelaw and North Fenham Community Council Parish boundary that will benefit from the grant funding:-

|  |  |  |
| --- | --- | --- |
| Description | Overall Number | Number of Blakelaw & North Fenham Residents |
| Children under 16 |  |  |
| Young people aged between 16 - 25 |  |  |
| Older people |  |  |
| Disabled people |  |  |
| Single Parents |  |  |
| Unemployed and Low Income Families |  |  |
| Women |  |  |
| Black, Asian and Minority Ethnic residents |  |  |
| Other (please state) |  |  |

1. Description of activity and/or project you are applying for grant funding for

9a. Description of Project and/or Activity (please continue on a separate sheet if necessary)

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| --- |
|  |

9b. What benefits will be brought to the community of Blakelaw and North Fenham (please continue on a separate sheet if necessary)

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| --- |
|  |

9c. What percentage of the activity/project will benefit residents in our community?

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| --- |
|  |

9d. How will the success of the activity/project be assessed?

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| --- |
|  |

1. Is the activity/project one that requires a risk assessment? If so please provide this with the application.

|  |
| --- |
| Yes / No |

1. Breakdown of Proposed Activity/Project Costs

|  |  |
| --- | --- |
| Expenditure Description  (Please describe the expenditure in as much detail as possible, written estimates must be submitted with the application) | Total Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Cost** |  |

1. Have you undertaken to raise funds for this project from elsewhere

No

Yes

If yes, please provide details of the source of funding, the amount applied for and the amount granted below.

|  |  |  |
| --- | --- | --- |
| Source of Funding | Amount Applied For | Amount Granted |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

1. When is the grant funding required?

(please note applications must be submitted a minimum of 8 weeks prior to the date required)

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| --- |
|  |

1. Please provide contact details of someone from your group that can discuss this application for funding (this person must be in attendance at the meeting when grant application is discussed)

|  |  |
| --- | --- |
| **First Contact** | **Second Contact** |
| Name - | Name – |
| Position in Organisation - | Position in Organisation – |
| Contact Telephone Number - | Contact Telephone Number – |
| Email Address - | Email Address – |

1. Does your Organisation have any of the following

(if YES, these documents must be included with this application, if you do not have these documents please provide an explanation as to why they are not available – these documents will be returned following consideration of the application)

|  |  |
| --- | --- |
|  | Yes/No |
| Written governance documents such as a constitution, aims and objectives or similar |  |
| Annual Accounts |  |
| Annual Report |  |
| Annual General Meeting or similar |  |
| Management Committee elected by members |  |

1. How many people are involved in running your Organisation?

|  |  |
| --- | --- |
| Management Committee Members | Full-time Staff |
| Part-time staff | Volunteers |

1. What is you Organisation’s Annual Income?

|  |
| --- |
| Financial Year Ending –  Income:- Expenditure:- Reserves:- |

1. Please explain what the Reserve money is allocated to?

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| --- |
|  |

1. Please give details of all bank accounts held by your Organisation (please provide up to date bank statements for each account, these will be returned on consideration of the application – all agreed funding will be paid via BACS)

|  |  |
| --- | --- |
| Name on Account | Name of Bank or Building Society |
|  |  |
|  |  |
|  |  |
|  |  |

**Declaration**

1. I am authorised to make application on behalf of the above organisation.
2. I certify that the information contained in this application is accurate, complete and truthful
3. Criminal Records Bureau checks (CRBs) have been obtained for people in the organisation working with young people or Vulnerable Adults. (If Not Applicable, please state..............................)
4. A Risk Assessment has been carried out where appropriate and sufficient insurance has been obtained. (If Not Applicable, please state..............................)
5. We have read and understood "Grant Aid Application Guidance Notes" and agree to adhere to all terms and conditions unreservedly.
6. If the information in the application changes in any way we will inform the Community Council.

Signed ………………………………………

Print name ……………………………..

Position in Organisation ………………………………..

Contact telephone no. ………………………………….

**Checklist**

Please enclose the following documentation with your application. The Community Council will only consider your application when all documents are received

* Latest Annual Accounts
* Constitution or Aims/Objectives Document
* Copies of all estimates to support expenditure
* Bank Statements

Please where possible complete an electronic copy of this application and send it to [bnfcc@outlook.com](mailto:bnfcc@outlook.com)

If you do not have access to the internet please send your completed application together with all accompanying documentation to:

The Clerk of the Council

Mrs Helen Richardson

C/o 39 Wellburn Road

Donwell

Washington

NE37 1BZ

**Please retain a copy of your application**