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**KNARESBOROUGH TOWN COUNCIL - APPLICATION FOR FUNDING**

*(Please ensure you read the accompanying guidance notes and attach all relevant documentation)*

**Application Summary**:

|  |  |
| --- | --- |
| Name of organisation/individual\* |  |
| Primary Contact regarding application: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Project/event title: |  |
| Total cost of project: |  |
| Amount of grant requested from KTC: |  |
| Date of Application |  |

**The Applicant**:

|  |  |
| --- | --- |
| What is the main purpose of your organisation? |  |
| How many years has your organisation been in existence? |  |
| If your organisation run by a Committee? If yes, how many Committee members? |  |
| If your organisation is a club with membership, please provide the following details:Membership -Number of adult members:Number of junior members:Does your club charge for membership?If yes, please provide details of the membership scheme and charges applicable |  |
| What activities are available for members?Can anyone join your organisation or is it by invitation only? If yes, please give details |  |
| Is your club affiliated to any national organisation?Please list any affiliations |  |
| Does your service/project involve work with children, young people under the age of 18 or vulnerable adults?Yes No  | If yes, as a minimum we expect you to:* have safeguarding policies in place that are appropriate to your organisation’s work and the project you are asking us to fund
* review your safeguarding policies at least every year
* complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people or vulnerable adults, including checking criminal records and taking up references
* check criminal records at least every three years
* follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults
* provide child protection and health and safety training or guidance for staff and volunteers
* carry out a risk assessment, if appropriate
* secure extra insurance cover, if appropriate

Does your organisation meet these requirements:Yes No  |

**The Project/Event/Individual’s role**:

|  |  |
| --- | --- |
| Brief description of scheme |  |
| What are the aims of the project/event? |  |
| What benefit will the award bring to the Knaresborough Community and number of residents directly benefitting? |  |
| Does your organisation have the ability to meet new community needs, and if so, how? |  |
| The quality and effectiveness of service provided through the use of this grant |  |
| If the application is for an annual or recurring local event, please answer the following additional questions:1. For how many years has the event run2. Attendance  Attendance at last event? Anticipated attendance at planned  Event? |  |
| Give a summary of the activities your organisation has achieved during the last year. If you are a new organisation please indicate activities you wish to undertake. |  |
| Why do you think the Council should support this event/project? |  |

**Project/Event planning**

|  |  |
| --- | --- |
| Date that you propose to commence the project or hold the event. |  |
| Does the project or event require permission from Harrogate Borough Council or North Yorks CC? If yes, what is the status of your application to them (not yet submitted/submitted not determined/granted) |  |

**Financial Details**

|  |  |
| --- | --- |
| Estimated total cost (including any fees) |  |
| Contribution from your funds: |  |
| Contribution from other organisations (please specify) |  |
| Does the estimated total cost of the project/event include payments in kind, eg free labour/materials etc. If yes, please estimate value of contribution |  |

**Check List: Please tick:**

|  |  |
| --- | --- |
| I have read and agreed your terms and policies |  |
| I enclose the following documents to support my application:Latest financial accountsSet of rules by which my organisation runsOther supporting informationPermissions, if appropriate, from HBC and/or NYCC |  |

**\* Applications will be considered from individuals looking to improve their specific skills in support of their contribution to the voluntary sector in Knaresborough.**

**Declaration:**

I hereby declare that I have the authority to submit this application on behalf of the organisation or individual detailed above and that to the best of my knowledge and belief the information given on this application form, and in any supporting material, is correct. I understand that you may request additional information at any stage of the application process.

Signed:

Name of Signatory

Position:

Date: