

Tamworth Borough Council
**COUNCILLOR COMMUNITY
GRANT APPLICATION**



This side to be completed by the Ward Councillor

Name of Voluntary Organisation _____

Which Tamworth Ward does this project serve? _____

Name and address of main contact _____

Telephone no _____ Email address _____

If the organisation is a registered charity, please provide the registration number.
(Please enclose a copy of your organisation's constitution even if you are not a registered charity)

Describe your organisation's main purpose and activities

What is the total amount of grant aid requested from Tamworth Borough Council?

£ _____

What will the grant be used for?

How many people will benefit from this grant?

Please explain how the residents of Tamworth will benefit if your application is successful. Who will be the main beneficiaries and how will you make sure a wide range of people can benefit?

What difference will the project / activities make for the people participating?

Please state the projected timescales

Start date _____ End date _____

This side to be completed by the group

Please tell us your Bank Account details:

Organisation's Account Name (Please make sure this is the exact name that appears on your Group's Bank Account)

Bank Account No _____ Bank Sort Code No _____

Authorised signatories for this account

1 _____

2 _____

Please enclose a copy of your most recent bank statement.

Please state your current balance/reserves:

£ _____ Date _____

Declaration

I declare, on behalf of the Organisation, that:

- The application is submitted with the support of the Organisation's Management Committee
- To the best of my knowledge and belief the information I have given is correct.

Signed _____

Print Name _____

Office Held _____

Date _____

Before submitting, please check that you have enclosed: (Please tick)	Yes	No	N/A
A copy of your most recent bank statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of your organisation's Constitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of your organisation's Covid-19 Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Safeguarding Children Policy (this is required for all projects working with any children or young people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Adults Policy (this is required for all projects working with vulnerable adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Does your organisation have Disclosure and Barring Service certificates for staff working with children or vulnerable adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation have appropriate Insurance in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation have appropriate food hygiene qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return this form to your Ward Councillor.
You can find out who your Councillor is on our website: www.tamworth.gov.uk/councillors