



Medium / City Grant Application Form

Which type of Grant or Subsidy are you applying for? (please ✓)

1. **City Grant**

2. **Medium Community Grant**

If applying for more than 1 year (Medium Grant only) is application for one project that spans more than one year

(please ✓)

Do you have a safeguarding policy, officials, a constitution and terms of reference and a bank account requiring two signatories?

(please ✓)

If no – are you partnered with an organisation who does?

(please ✓)

If yes, please include their organisational information below

Contact Name:		
Position:		
Organisation:		
Contact Address:		
Telephone Number:		
Email:		
Status of Organisation:		
Charity/Company number if (if applicable)	Charity No:	Company No:
What geographical area does your organisation cover?		
How long has your organisation been in existence? (Please ✓)	Less than one year	
	Between one and five years	
	More than five years	

Please be aware for all applications of £1000 or more, the applicant may be required to provide a presentation about the project to the Events, Markets and Grants Subcommittee.

If you have any specific communication needs, tell us what they are

Text phone
(please specify)

Sign language

other language

Other

1. Organisation Background

<p>Have you applied for or received a grant/subsidy from SCC in the last <u>5 years</u>?</p> <p>(Please list – continue on a separate sheet if necessary)</p>	<p>Date Applied</p>	<p>Project</p>	<p>Amount Applied for</p>	<p>Were you successful</p>
<p>What are the aims and objectives of your organisation</p>				
<p>What are the main activities of your organisation?</p> <p><i>If you are a new group describe the services/activities you plan to provide</i></p>				
<p>Please demonstrate your organisation's commitment to equal opportunities</p> <p>(please enclose any relevant policies)</p>				

	<p>Yes / No or NA</p>
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Is this a retrospective application?	
Are you part of a religious group	
If this application is for a school is this for a project that benefits the wider community and is in addition to statutory services?	
If application is from Education, health or social service establishment – is the project in addition to statutory services?	

2. Your project

Project	Start Date	/ /
	Finish Date	/ /
	Total Cost	£
	Grant Applied For	£

Project title	
<p>Description of project AIMS AND OBJECTIVES <i>What will you do, where, when and who with.</i> <i>What are you trying to achieve - aims and objectives?</i></p>	<p>Description:</p> <p>Aims and Objectives</p> <p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>
<p>CITY GRANTS ONLY How will your project bring long term benefit to or have significant impact on Salisbury City and/or its residents?</p>	
<p>Where in Salisbury will the project / activity take place?</p>	

<p>Who will benefit from the project?</p> <p><i>Please tell us what groups will benefit and approximately how many people will benefit in total, please give a number, do not put 'everyone in the area' an estimate is fine if you cannot be exact</i></p>	
<p>MEDIUM GRANT PRIORITIES Please identify which of the following community priorities your project will have an impact against and describe that impact (ideal minimum of 2)</p> <ul style="list-style-type: none"> • Improving People's Wellbeing • Bringing Communities Together • Working to celebrate, or improve understanding, of marginalised communities • Supporting People on Low Incomes • Improving Access to Active Lifestyles • Creating a Green City 	<p>1)</p> <p>2)</p> <p>3)</p>
<p>CITY GRANTS PRIORITIES Please identify which of the following priority areas your project will have an impact against and describe that impact. (Minimum of 1)</p> <ul style="list-style-type: none"> • Creating a Green City • Creating a Lively City • Improving the Wellbeing of Residents 	<p>1)</p>
<p>How will you measure the impacts of your projects against your aims and objectives and the priorities you have highlighted above?</p> <p><i>e.g. beneficiary feedback, numbers of direct beneficiaries, delivery outcomes or other evaluation methods</i></p> <p>(These measures will be</p>	<p>AIMS AND OBJECTIVES</p> <p>1)</p> <p>2)</p>

<p>reported against in your annual or end of project report)</p>	<p>3) GRANT PRIORITIES 1) 2) 3)</p>
<p>What evidence do you have that this project/activity is required?</p> <p><i>Tell us how you have identified the need for the project, whether within your group or community and how you think your project will meet this need</i></p>	
<p>What support have you received for this project/activities?</p> <p><i>Please tell us about any expressions of support you have received from outside your organisation</i></p>	
<p>How will the project/activities be managed and how else will you measure its success?</p>	

<p>What arrangements do you have in place to ensure safeguarding of children, young people and/or adults at risk.</p> <p><i>Applicable only if your project involves working with these client groups</i></p>	
<p>What are the main risks for the success of the project/activity and how will these risks be managed? E.g. health and safety, financial challenges</p> <p>i.e. what might prevent your project from being delivered successfully?</p>	
<p>If your organisation/group has financial reserves, what is the value of these reserves and for what purpose are they held?</p>	
<p>If your reserves are more than the amount you are requesting, please explain why you are seeking external funding</p>	

3. How will you pay for your project?

3.1 Tell us how much money you need for your project/activity

- Provide a FULL breakdown of the costs involved in your project year by year
- Show how much of the funding you are requesting towards this element
- Using columns A-C to tell us how much funding you are requesting in years 1- 3

Add extra rows as *required*

	A	B	C	D	
Item or activity	Year 1	Year 2	Year 3	Total Cost	Funding Requested
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
Totals	£	£	£	£	

3.2 Please list any applications you have made for funding from other organisations in the table below:

Organisation	Contribution Sought (£)	Applied (please tick as appropriate)	Granted (please tick as appropriate)

4.0 Further information enclosed Checklist

	Enclosed (please ✓)
A copy of your organisations bank statements for the previous three months (mandatory)	
Copies of all <u>relevant</u> Employer's, Building & Public Liability Insurance Certificate if appropriate (mandatory)	
A copy of your constitution and articles of association (or similar documents if the above do not exist, showing the organisations status)	
A copy of your organisations latest set of accounting statements (if any exist)	
Safeguarding policy	
Copies of any letters of support for your project	
Other (please list)	

If any of the above documents have not been enclosed, please give reasons why in the box below:

If you are applying as a partnership, with one organisation holding the funds for a smaller group, please describe the partnership relationship and how the funds will be administered	
Please confirm that the bank account from which this project is funded is in the name of the organisation and that 2 authorised representatives are required to authorise payments	

Declaration by the applicant

I/we declare that, to the best of my /our belief, the information on this application form and in any enclosed supporting documentation is correct

I/we declare that, I/we have read the City Council's Grant Policy and believe to the best of my/our knowledge, that we meet the criteria set out by the Policy

I/we accept the following:

- I. That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered,
- II. That for applications of £1000 or more, a presentation is required by the applicant(s) to the City Council. This will be arranged prior to any meeting by the City Council Active Communities Team
- III. That any grant offered will be used only for the purpose set out in this application and
- IV. That we will provide reports on progress at the request of the City Council
- V. That should any grant offered, not be used in accordance with the terms and conditions set out by the City Council, I/we undertake on behalf of the organisation to repay the outstanding amount to the City Council on demand

Please be aware that the decision as to whether you have been successful in your application will be communicated to you shortly after the relevant council meeting

Signed :		
Name(s):		
Position(s):		
Date:		

SCC will not sell or rent your personally identifiable information to anyone, or use the data for any other purpose incompatible with the purpose for which it was originally collected (Medium Grants Application).

We will only hold your information for as long as necessary for the purposes (a year after the event)

I consent for my personal data being held for the purposes listed

Please remember:

If you have not answered all the relevant questions and sent all the information we require, **we will return your application to you and this will cause a delay.**

Please send your application to:

Communities Team, SCC, Bemerton Heath Centre, 58-60 Pinewood Way,
Salisbury, SP2

