Monmouth Town Council

Shire Hall Agincourt Square Monmouth NP25 3DY





Tel: 01600 715662

Email: townclerk@monmouth.gov.uk
www.monmouth.gov.uk

APPLICATION FOR THE PROJECT GRANT SCHEME MONMOUTH 2022/23

Please complete and return this form to the address above, with any documentation to support your application. Please refer to the guidance notes when completing the form.

GROUP OR ORGANISATION DETAILS

If your group or organisation is a branch of, or is affiliated to, any other organisation, please provide details:

| Organisation Name | |
|---|--|
| Headquarters address | |
| Registered charity number (if applicable) | |
| If not charity – status of managing body | |
| What best fits your group's area of interest? | Sport Arts Health Youth Environment Other (please specify) |
| Bank Details Bank/ Building Society Name | |
| Account Name | |
| Account Number | |
| Sort Code | |
| Please note any bank details will be | e used in line with our GDPR policy |
| Briefly describe your organisa | tion's main aims and objectives: |
| | |
| | |
| | |
| | |
| | |

PROJECT / EQUIPMENT DETAILS

| Project Title | |
|--------------------|--|
| Project start date | |
| Project end date | |

The town council is committed to achieving the seven well being goals:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and Welsh language
- A globally responsible Wales

Your project $\underline{\text{must}}$ address as many of these goals as possible to qualify for funding. Please tell us about your project and how it fits with the wellbeing goals

(max 400 words)

| Please answer the following questions about your project | |
|--|--|
| i loade andwer the following queditoria about your project | |
| | |
| Who and how many | |
| people will benefit from | |

| Who and how many | |
|--------------------------|--|
| people will benefit from | |
| this project | |
| How many people from | |
| Monmouth town will | |
| benefit from this | |
| project? | |
| Are you partnering with | |
| other groups to carry | |
| out this project, if so | |
| who? | |

| how will you measure how successful the project is? | | |
|---|------|----|
| Will your project continue after this grant is spent? If so, how will it be funded | | |
| | | |
| If any land or property is to be affected by your project, what are the tenure arrangements? If there is a lease, how | | |
| long has the lease left to run | | |
| PROJECT COSTS | | |
| | 1 | |
| Total cost of project. | | |
| Amount of grant you are applying for. | | |
| Have you raised the balance of the funds? | Yes | No |
| If not, do you intend to raise the balance of funds or has coronavirus impacted your ability to fundraise? If so, please give details of this impact. | | |
| Have you applied for a grant elsewhere for this project? | Yes | No |
| If so, from which organisation(s), how much and when will you know the outcome? | | |
| SUPPORTING INFORMA | TION | |
| | | |
| If you have received a grant from Monmouth Town Council in the last three years, state | | |

| how much and what for. | | | |
|--|----------------------------------|---|------------------|
| The following supporting d attached of state n/a if not | | required – please tick th | e box for those |
| The Constitution of the O | _ | at least, the aims ar | nd |
| objectives of the organisa Copy of the costing for | | grant application to whi | ich the |
| application applies | | | |
| New organisations should | | | |
| Copies of the audited ac | | | |
| years (For new organisation | | | suffice) |
| Up-to-date current account | | | |
| The last Annual Report of | | | |
| Copy of the public liability | | | |
| Copies of the Equal Oppo Child Protection Policy fo | | | icy and |
| Copies of any permission planning permission etc). | ons needed | to carry out the projec | ct (e.g. |
| You are invited to send in | any further inf | ormation in support of ye | our application. |
| for example photographs or reserves the right to reque | or letters of su | pport from the communit | |
| DECLARATION | | | |
| We confirm that all the info accurate to the best of our submit the application on agree to abide by the term | · knowledge a behalf of the (| nd belief, and that we argroup/organisation. We | e authorised to |
| Signature 1 (person subr | nitting form) | | |
| Signature 2 (Chair or sen | | | |
| Date | | | |
| | | | |

If you require help with completing this form or need clarification regarding grants, please telephone 01600 732722 or e-mail caitlin@monmouth.gov.uk.