

Monmouth Town Council

Shire Hall
Agincourt Square
Monmouth
NP25 3DY



Tel: 01600 732722

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

APPLICATION FOR THE PROJECT GRANT SCHEME MONMOUTH 2024/25

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.

Name of organisation	
Name and address of person making application on behalf of the organisation	
Position held in organisation	
Telephone number	
E-mail address	

Name of Project	
Amount of funding requested	

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 used in line with our GDPR policy

Briefly describe your organisation's main aims and objectives:

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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 **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

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

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?	Yes No
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 INFORMATION

<p>If you have received a grant from Monmouth Town Council in the last three years, state how much and what for.</p>	
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The following supporting documents are required – please tick the box for those attached of state n/a if not applicable:

The Constitution of the Organisation or at least, the aims and objectives of the organisation	
Copy of the costing for the project/grant application to which the application applies	
New organisations should submit a business plan and budget	
Copies of the audited accounts and balance sheets for the last two years (For new organisations, the bank statements to date will suffice)	
Up-to-date current account and investment account balances	
The last Annual Report of the organisation.	
Copy of the public liability insurance certificate	
Copies of the Equal Opportunities Policy, Health and Safety Policy and Child Protection Policy for the organisation	
Copies of any permissions needed to carry out the project (e.g. planning permission etc).	

If you are unable to enclose everything requested, please explain why here:

You are invited to send in any further information in support of your application, for example photographs or letters of support from the community. The Council reserves the right to request further information, if required.

DECLARATION

We confirm that all the information contained within this application is true and accurate to the best of our knowledge and belief, and that we are authorised to submit the application on behalf of the group/organisation. We have read and agree to abide by the terms and conditions (tick to agree)

Signature 1 (person submitting form)	
Signature 2 (Chair or senior representative of the organisation)	
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.