**APPLICATION FOR**

**THE PROJECT GRANT SCHEME MONMOUTH 2025/26**

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? | SportArts Health Youth EnvironmentOther (please specify) |
| **Bank Details**Bank/ Building Society NameAccount NameAccount NumberSort Code |  |

*Please note any bank details will be used in line with our GDPR policy*

Briefly describe your organisation’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 **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, please detail how the balance of funds will be raised and in what timescale?If 100% of the project costs are being applied for, please explain why the balance of funds cannot be raised. |  |
| 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**

|  |  |
| --- | --- |
| If you have received a grant from Monmouth Town Council in the last three years, state how much and what for. |  |

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 townclerk@monmouth.gov.uk .