**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. We would recommend you refer to the guidance notes and policy when completing the form.

*All details provided will be used in line with our GDPR policy that can be found on our website*

|  |  |
| --- | --- |
| 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**

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

Briefly describe your organisation’s main aims and objectives:

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| --- |
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If your group is a branch of, or is affiliated to, another organisation please explain the relationship and how its activities are managed below. For example, does it have its own bank account and keep separate financial records?

|  |
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**Financial Position**

Please provide a clear statement of your income, outgoings and balances for the last two years.

|  |  |  |
| --- | --- | --- |
|  | Last Financial Year | Prev Financial Year |
| Total Income | £ | £ |
| Total Expenditure | £ | £ |
| Balance of Reserves | £ | £ |

If any of your reserves are committed please provide a breakdown of the amounts involved and explain why each is being kept.

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**PROJECT / EQUIPMENT DETAILS**

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

The Town Council is committed to achieving the seven wellbeing goals of the Well-Being of Future Generations (Wales) Act 2025

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.

**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**

Please answer the following questions about your project

|  |  |
| --- | --- |
| How many people do you think will benefit from your project? |  |
| How many of these will be living in Monmouth? |  |
| Which groups of people will benefit from your project (e.g. ages, backgrounds, any particular groups) |  |
| 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 |  |

|  |  |
| --- | --- |
| Is any land or property affected by your project? |  |
| If yes, is the land/ property owned by your organisation, rented or leased?  |  |
| If the land/ property is rented or leased, how long is your agreement for? |  |
| 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**

The following supporting documents are required. Please tick the box for those attached.

**For the project:**

|  |  |
| --- | --- |
| A detailed breakdown of the costing for the project/grant application  |  |
| Copy of any permissions needed to carry out the project(e.g. planning permission) |  |

**For the organisation:**

|  |  |
| --- | --- |
| The Constitution of the Organisation or evidence of its aims and objectives |  |
| Copy of the public liability insurance certificate |  |
| Evidence of the Equal Opportunities Policy, Health and Safety Policy and Child Protection Policy for the organisation (where applicable) |  |

**Finances**

**EITHER:** For Established Organisations, i.e. those who have accounts available for two years or more please supply the following evidence of your financial position:

|  |  |
| --- | --- |
| Copies of the published accounts and balance sheets for the last two years |  |
| Up to date Bank Balances for current account and any investment accounts |  |
| The last Annual Report  |  |

**OR:** For New Organisations, i.e. those who do not have accounts available for two years please supply the following evidence of your financial position:

|  |  |
| --- | --- |
| A business plan |  |
| Monthly bank statements from the start of the organisation to date |  |
| Evidence of any committed or uncommitted reserves |  |

Monmouth Town Council will not award a grant to an organisation whose application is incomplete or has not been formally assessed so if you are unable to enclose any of the documents requested above please explain why here:

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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 .