

GRANT APPLICATION FORM

This application form may be used for grant applications up to £500 in the financial year. Organisations may only receive one grant per financial year. Please refer to policy and guidance notes when completing this form.

SECTION 1: ORGANISATION AND APPLICANT DETAILS		
1.	Name of Organisation/Individual.	ART 4 FUN/WELLBEING
2.	Name and address of contact for this application.	
3.	Telephone number/s of contact for this application.	
4.	Email address of contact for this application.	
5.	Status of organisation (if registered charity, please include number).	Community Group
6.	How long has the organisation been established?	April 2024
7.	Brief description of purpose of organisation.	To provide a safe environment for vulnerable adults to meet, socialise, be creative in art, play games and support each other through chatting and sharing positive experiences and resources to improve mental health & wellbeing whilst reducing social isolation.
8.	Are you part of/affiliated to a larger organisation?	No
9.	How many members do you have that reside in Billingham?	Apx 10
10.	Is there an annual subscription/membership fee?	No
11.	Please provide contact details for another senior member of your organisation.	
12.	Please provide contact details for an independent referee.	

SECTION 2: FUNDING		
13.	Total cost of funding?	£200 for resources
14.	Amount of grant requested? (max £500)	£500
15.	How much has already been raised towards the project?	We hope to raise £250 with raffle
16.	How will the balance be funded? (if applicable).	Raffle in JW Park cafe Selling crafts in local park Food for Thought questionnaire £1 turn
17.	Has any further grant funding been sought for this project? If so, please specify details.	Tesco Community Support have been approached to help with funding resources and raffle prizes
18.	Have you sought more than one quote for the project? (Please enclose copies).	Yes
19.	Does the organisation have its own bank account with a minimum of two signatories?	Yes, an online account Chase Bank.

Please include with your application:

- Accounts for the last two year (draft accounts will be accepted if not yet audited);

Start up groups without two years of accounts should enclose a signed bank statement and business plan with their application.

SECTION 3: PROJECT DETAILS		
20.	Please briefly describe the project, including: Where it will take place? How the community of Billingham will benefit? How the project supports the community? How you have identified	Social activity for local people to focus on Art and Games John Whitehead Park Cafe Reducing social Isolation and improving mental health and wellbeing Bringing together like minded people to support and encourage social interaction and activity

	<p>the need for this project?</p> <p>How you will assess the success of the project?</p> <p><i>(If necessary, please supply further details on a separate sheet of paper).</i></p>	<p>Yes, nothing in Billingham Centre</p> <p>Keeping record of members in group and requesting feedback at regular intervals</p> <p>The café in John Whitehead Park is a great space to provide groups with a safe space to come together and meet new people whilst learning new skills, making new friends as well as being able to enjoy light meals or refreshments together in a group.</p>
21.	How many people in Billingham do you expect to benefit directly from the project?	The space provided accommodates around 15-18 people however in the summer months we will be able to utilise the outdoor space to offer up to 25.
22.	Please advise the timescale for the project.	No end date
23.	Will the project require ongoing financial support? If so, how will this be funded?	The group will fundraise at regular intervals by Raffles, Tombola's and possibly other activities. They are also hoping to be able to sell items that have been created in the group such as 'key rings', trinkets such as costume jewellery, etc.

SECTION 4: CHECKLIST		
Please enclose the following with your application:		
24.	Two years of accounts (or for start up groups, a signed bank statement and business plan)	n/a
25.	Quotations for the project (if applicable)	n/a
26.	Organisation's constitution or set of rules	✓
27.	Any other relevant supporting information regarding the project	n/a

SECTION 5: SIGNATURE AND DECLARATION		
Please initial next to points 28 - 35 and sign below to acknowledge the terms and conditions of submitting this grant application.		
No application will be considered unless this section is completed in full and signed by the contact person named in question 2.		
28.	I declare that the information given is correct to the best of my knowledge and that any funds received will be used solely for the purpose detailed on this form.	✓
29.	I understand that the documentation supplied will not be returned and may be available for public scrutiny.	✓
30.	I agree that the grant will be returned if the specified project cannot proceed.	✓



1.5.24 Grants Subsidies p...



Please initial next to points 28 - 35 and sign below to acknowledge the terms and conditions of submitting this grant application. No application will be considered unless this section is completed in full and signed by the contact person named in question 2.

28.	I declare that the information given is correct to the best of my knowledge and that any funds received will be used solely for the purpose detailed on this form.	ST
29.	I understand that the documentation supplied will not be returned and may be available for public scrutiny.	ST
30.	I agree that the grant will be returned if the specified project cannot proceed.	ST
31.	I agree that, if successful, details of the project may be published by the Town Council	ST

32.	I agree to supply a report back to the Town Council within twelve months regarding the expenditure of any grant funding.	ST
33.	I confirm that I have authorisation to apply for a grant on behalf of the organisation.	ST
34.	I understand that the information provided on and with this application will be used by the Town Council to judge whether or not to award a grant and that this decision will be made at a meeting that is open to the public.	ST
35.	I confirm that I have read and understood the Grant and Subsidies Policy and guidance notes issued by the Town Council.	ST

Name of Contact _____ SHARON TATE _____

Role in Organisation _____ TRUSTEE _____

Signature  _____

Date 8/5/24 ~~2~~ 2024 _____