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| Please ensure that you have read the Grants Policy and Procedure prior to completing your application.  Please complete all aspects of the form, incomplete forms will not be considered. | | |
| **GRANT APPLICATION SUMMARY** | | |
| **Name of organisation** | |  |
| **Category** | |  |
| **Amount of funding previously awarded since 2019** | |  |
| **Total number of applications** | |  |
| **Type of funding requested** | |  |
| **Total cost of project** | |  |
| **Amount requested** | |  |
| **Total number of residents estimated to benefit from the grant** | |  |
| **GRANT APPLICATION DETAILS** | | |
| **Type of organisation** | |  |
| **Please provide charity number, Company registration number or details if other:** | |  |
| **What is the current membership?**  **Adults:**  **Children:** | | |
| **Please list any Burnham-on-Sea and Highbridge Town Councillors associated with your group:** | | |
| What are the main activities of your organisation? Include what type of group you are e.g. residents’ group, youth group, etc. and explain what your organisation does and its aims: | | |
| **Type of grant applied for:** |  | |
| **Please include:** Why you need funding to support your community project? Briefly describe the project or purpose for which you require a grant. How will it benefit the community or residents of Burnham and Highbridge? Is it for the benefit of your members, or the wider community? Is it aimed at a particular group within the community? | | |
| **Who will benefit from the project?**  Young people, unemployed people, older people, people with disabilities, people with low income, ethnic or minority groups, others? |  | |
| If you have selected “others “please specify |  | |
| **How many people from Burnham-on-Sea and Highbridge will directly benefit from your project?** |  | |
| **How will they benefit?** | | |
| **How will you measure the success of your project? For example: footfall (how will you measure), positive press coverage (we may expect to see copies), delivered on time, on budget, increase in membership numbers, etc…** | | |
| **When do you intend to start and finish your project?**  **Please note:** we will not be able to fund projects that have already started or completed before the application has been considered |  | |
| **Total project cost:** |  | |
| **How much grant money are you requesting?** |  | |
| **What will this money be spent on? (include costings)** | | |
| **How do you intend to raise the remaining project cost required to complete the project? (proof of this funding will be required before a grant is paid)** | | |
| **Any other funding applied for?** | | |
| **Most recent approved accounts summary**  Opening balance:  Total income:  Total expenditure:  Closing balance:  Date of accounts: | | |