

<b>Dunstable Town Council use only</b>	
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**Dunstable Town Council Community Grant scheme  
Application form  
2012/13**

- Please read the guidance notes in full before completing the application form.
- Please answer all questions.
- Please remember to sign the form and ensure all additional information is supplied. Failure to provide the information required will result in your application not being considered.
- Should you require any assistance in completing this application please contact Dunstable Town Council on 01582 513000
- All applications must be received by 31/12/11, late applications will not be considered.
- The decision of the panel is final.

**Section 1. Contact details**

<b>1.1 Organisation Name</b>	
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<b>1.2 Contact Details</b>	
<b>Title</b>	
<b>Contact name</b>	
<b>Position</b>	
<b>Address for correspondence</b>	
<b>Postcode</b>	
<b>Daytime telephone number</b>	
<b>Mobile telephone number</b>	
<b>E-mail Address</b>	

<b>1.3 What is your organisation type, please tick</b>	
<b>Constituted community or voluntary group</b>	<input type="checkbox"/>
<b>Registered Charity (please state charity number)</b>	<input type="checkbox"/>
<b>Company limited by guarantee (please state company number)</b>	<input type="checkbox"/>
<b>Social enterprise</b>	<input type="checkbox"/>
<b>Community Interest Company</b>	<input type="checkbox"/>
<b>Other (please state)</b>	<input type="checkbox"/>

<b>1.4 Please describe your organisation's main purpose and activities</b>

<b>1.5 Your organisation's membership</b>	
How many members/users do you have	
Subscription fees	£
How many members are on your organisation's management committee	
What percentage of your members/users come from Dunstable	

<b>1.6 Does your organisation meet in Dunstable</b> (if no where does it meet)	Yes	No

**Section 2. Financial details**

<b>2.1 Financial details for your organisation</b>			
Accounting year end (dd/mm/yyyy)			
Total income for the year	£		
Total expenditure for the year	£		
Surplus or deficit at the end of the year	£		
Total savings or reserves at the year end	£		

<b>2.2 Name of bank account</b>

**Section 3. Project/Activity details**

<b>3.1 What project or activities do you want Dunstable Town Council to fund?</b>

<b>3.2 Does your organisation work with children, young people under the age of 18 and/or vulnerable adults in any capacity</b> (if yes please ensure relevant safeguarding policies are attached to this application).	Yes	No

**Section 4. The difference your project will make to Dunstable**

**4.1 Which of the Council priorities will your project/activities meet?**

Promoting the town.	
Preserving and enhancing the history and identity of the town.	
Improving and/or developing the green and open space in the town.	
Improving/providing services targeted to communities in the town.	
Developing neighbourhoods and/or the town centre.	

**4.2 Please state how the project/activities will meet these priorities?**

**4.3 How many Dunstable residents would benefit from a grant**

**Section 5. Funding request details**

**5.1 How much will the project/activities cost?**

ITEM or ACTIVITY	TOTAL COST
	£
	£
	£
	£
	£
	£

**5.2 How have you worked out these costs?**

**5.3 If the total costs are higher than the amount required where will the remainder of the funding come from?**

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**5.4 Please list any funding received from another organisation or own fundraising over the last 12 months**

Raised from	What was it intended for	Amount

**5.5 Did your organisation receive a grant from Dunstable Town Council last year?**

Yes	No
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**5.6 Is this money for a new project/initiative or to continue existing work?**

New	Existing
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**Section 6. Declaration**

I submit this application on behalf of the stated organisation and believe that all statements contained herein and all accompanying documentation to be accurate to the best of my knowledge.

Signed & Print name			
Position in organisation		Date	

**Section 7. Check list**

Answered all the questions	
The application is signed	
If yes to question 3.2 relevant safeguarding policies attached	
Constitution or set of rules for the organisation named at the top of the application form attached	
Set of last year's accounts attached	
Annual report for the organisation named at the top of the application form attached	
Copy of public liability insurance attached (where applicable)	
Equalities statement attached	

**Any other assistance that Dunstable Town Council could offer**

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After completing the form please send the application form by **31st December 2011** to:

Kelley Hallam  
Office Administrator  
Dunstable Town Council  
Grove House  
76 High Street North  
Dunstable  
Beds  
LU6 1NF