

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ANNUAL GRANT APPLICATION FORM for** | **20** |  | **-** | **20** |  |

# INFORMATION ABOUT YOU

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organisation Contact Details** | | | | | | | | | | | | | |
| Name of organisation | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Address of organisation | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Contact person | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Position in organisation | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Telephone No. | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Email address | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **What is the status of your organisation** | | | | | | | | | | | | | |
|  | Voluntary | |  | | Community Organisation | |  | Co-operative | |  | | Limited Company | |
|  | | | | | | | | | | | | | |
|  | Charity | Charity No: | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
|  | Other (please describe) | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| **Management of the organisation** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| When was your organisation formed? | | | | | | | | | | | | | |
|  | New (0-6 months) | |  | | 6 months – 2 years | |  | 2 – 5 years | |  | | 5+ years | |
|  | | | | | | | | | | | | | |
| Does your organisation have a Management Committee? | | | | | | | |  | Yes | |  | | No |
|  | | | | | | | | | | | | | |
| If yes, how many service users do you have on the Management Committee | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | |
| Where in Woodley do your organisations’s activities take place? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

# THE SERVICE YOU OFFER IN WOODLEY

|  |
| --- |
| Please described the service(s) you offer in Woodley: |
|  |
|  |
| How does the local community benefit from your service(s)? |
|  |
|  |
| What has your organisation achieved in the last year in Woodley? |
|  |
|  |
| What does your organisation hope to achieve in the coming year? |
|  |
|  |
| Please answer these additional questions **if you received an annual grant in the last financial year** |
|  |
| Will there be any changes if you continue to receive the same level of funding? |
|  |
|  |
| If you are requesting an increased amount of funding, please described how you would spend the additional funds and provide a breakdown of costs: |
|  |
|  |

# STAFFING / VOLUNTEERS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your organisation have any paid staff? | |  | Yes | | |  | | No | | |
|  | | | | | | | | | | |
| If yes, how many paid staff does your organisation have? | |  | Full time | | |  | Part time | | | |
|  | | | | | | | | | | |
| How many regular volunteers does your organisation have? | |  |  | | | | | | | |
|  | | | | | | | | | | |
| Are you requesting funding to employ staff? | |  | Yes | | |  | | No | | |
|  | | | | | | | | | | |
| If yes, please describe the employee(s) post title(s) and pay scale(s): | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Title | Pay Scale | | | New Post? | | | | | Existing Post? | |
|  |  | | |  | | | | |  | |
|  |  | | |  | | | | |  | |
|  |  | | |  | | | | |  | |
|  |  | | |  | | | | |  | |
|  |  | | |  | | | | |  | |
| Please ensure you attach a copy of job descriptions where you are seeking funding for new posts, or where we do not hold these on file already. | | | | | | | | | | |
|  | | | | | | | | | | |
| Are your staff / volunteers working with children or vulnerable people? | | | |  | Yes | | | |  | No |
|  | | | | | | | | | | |
| Do you request disclosure of criminal records for staff / volunteers? | | | |  | Yes | | | |  | No |
|  | | | | | | | | | | |
| Do you have a training / development plan for your staff / volunteers? | | | |  | Yes | | | |  | No |
|  | | | | | | | | | | |
| If yes, please describe the plan below; if not, please describe how you support your staff and volunteers: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |

# SERVICE USERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | Weekly | | | |  | | Annually | | |
| How many people use your service each week / year? | | | | | | | |  | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | |
| How many of these people are Woodley residents? | | | | | | | |  | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | |
| **Equal Opportunities Monitoring** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please provide information below for the last 12 months. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please indicate how your users fit into the following categories: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Activity | | | | Black & Minority Ethnic (%) | | Disabled  (%) | | | | Low Income  (%) | Elderly  (%) | | | | Women  (%) | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
|  | | | |  | |  | | | |  |  | | | |  | |
| Average % for all activities | | | |  | |  | | | |  |  | | | |  | |
|  | | | | | | | | | | | | | | | | |
| *(Please note: As people may fall into multiple categories the total % for each activity may exceed 100%)* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please indicate how your users fit into the following age ranges: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 0 to 7 |  | % | 8 to 13 | |  | | % | | 14 to 19 | | | |  | | | % |
|  | | | | | | | | | | | | | | | | |
| 20 to 25 |  | % | 26 to 55 | |  | | % | | 56 to 75 | | | |  | | | % |
|  | | | | | | | | | | | | | | | | |
| 75+ |  | % |  | |  | | | | *Total = 100%* | | | | | | | |
|  | | | | | | | | | | | | | | | | |

# FUNDING

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What other sources of funding have you applied for in the last financial year? | | | 20 |  | - | | 20 | |  |
|  | | | | | | | | | |
| Please provide details: | | | | | | | | | |
| Purpose | Funding Body | Amount | | | | Successful? | | | |
| Yes | | No | |
|  |  | £ | | | |  | |  | |
|  |  | £ | | | |  | |  | |
|  |  | £ | | | |  | |  | |
|  |  | £ | | | |  | |  | |
|  | | | | | | | | | |

# FINANCIAL INFORMATION

|  |  |  |
| --- | --- | --- |
| Please complete this section using your organisation’s latest annual accounts. These should not be more than 12 months old | | |
|  | | |
| Financial Summary from your most recent Annual Accounts | | |
|  | | |
| Total Income | £ |  |
|  | | |
| Total Expenditure | £ |  |
|  | | |
| Surplus / Deficit | £ |  |
|  | | |
| Savings (reserves, cash or investment) | £ |  |
|  | | |
| If you have free reserves of more than 12 months’ expenditure, please explain what these are to be used for: | | |
|  | | |
|  | | |

# ORGANISATION’S BUDGET

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please give your organisation’s projected income and expenditure for the next financial year. | | | | | | | | | |
|  | | | | | | | | | |
| **Anticipated Income** | | | | | 20 |  | - | 20 |  |
|  | | | | | | | | | |
| Expected WTC contribution | | | £ | |  | | | | |
| Other Local Authorities contribution | | | £ | |  | | | | |
| Other (please specify) | | | £ | |  | | | | |
| Charges & Fees | | | £ | |  | | | | |
| Total reserves and cash balances brought forward | | | £ | |  | | | | |
|  | | | | |  | | | | |
| **Total anticipated income** | | | **£** | |  | | | | |
|  | | | | | | | | | |
| **Anticipated Expenditure** | | | | | 20 |  | - | 20 |  |
|  | | | | | | | | | |
|  | | | | Revenue or Running Costs | Expected WTC Contribution | | | | |
| Employee Costs – Salaries, NI, Pensions etc | | | | £ | £ | | | | |
| Office Costs – phone, stationery etc | | | | £ | £ | | | | |
| Premises Costs | Rent / Rates | | | £ | £ | | | | |
| Utility Bills | | | £ | £ | | | | |
| Maintenance | | | £ | £ | | | | |
| Information, Education, Promotional material | | | | £ | £ | | | | |
| Training for staff and volunteers | | | | £ | £ | | | | |
| Volunteer and travel expenses | | | | £ | £ | | | | |
| Other (eg accountancy fees, depreciation) | | | | £ | £ | | | | |
| Insurance | | | | £ | £ | | | | |
| Other (please specify) | |  | | £ | £ | | | | |
| Total running cost for year | | | | £ | £ | | | | |
| Capital costs (eg equipment) | | | | £ |  | | | | |
| Total grant requested from WTC | | | | £ | £ | | | | |
|  | | | | | | | | | |

# DECLARATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We make all grants subject to the conditions set out in the Annual Grant Guidelines.  We ask applicants to sign the following declaration to confirm that they accept the conditions under which the grants are awarded. | | | | |
| I, the undersigned, am applying on behalf of | |  | | (organisation) |
| and I declare that:   1. I have noted the conditions under which the grants are made as set out in the Annual Grant Guidelines to applicants and confirm that, if successful, I and the organisation which I represent will abide by then; 2. I undertake on behalf of the organisation that any grant made by Woodley Town Council, or such part of it as the Council may determine, will be repaid if:    1. The organisation is found to be in breach of the conditions applied to the grant; OR    2. The grant ceases to be used for the purpose for which it was given; OR    3. The organisation ceases to operate. 3. This is an accurate view of the services provided by the organisation and any changes that may affect the agreement and has been seen by the committee. 4. The committee agreed to continue to abide by the conditions under which grant aid is made (as set out in the Annual Grant Guidelines). | | | | |
|  | | | | |
| Signed \* |  | | | |
|  | | | | |
| Position in Organisation |  | | | |
|  | | | | |
| Date |  | |  | |
|  | | | | |
| \* Your name entered here will be regarded as your signature | | | | |
|  | | | | |
| **Please return this form either via:**  **Email:** [**admin@woodley.gov.uk**](mailto:admin@woodley.gov.uk)  **Post: Woodley Town Council, The Oakwood Centre, Headley Road, Woodley, RG5 4JZ**  If you have any queries, please telephone: 0118 969 0356 | | | | |
|  | | | | |
| **PRIVACY NOTICE** | | | | |
| Woodley Town Council is the data controller for your data. By submitting this application, you consent to the Council storing and processing the personal data you have provided for the purpose for which it was submitted.  Where necessary the Council may share your personal data with other third-party data controllers with whom the council works. Personal data will be stored securely, and will be deleted or anonymised when it is no longer required. For full information on how we will process your data, including who it may be shared with, where it will be stored, how it will be protected, and how long it will be stored, please see our [General Data Privacy Notice (link)](https://www.woodley.gov.uk/about-the-council/governance-finance).  Woodley Town Council, The Oakwood Centre, Headley Road, Woodley, Berkshire, RG5 4JZ  Contact: Tel – 0118 969 0356 / Email – [admin@woodley.gov.uk](mailto:admin@woodley.gov.uk) | | | | |