

# SIDMOUTH TOWN COUNCIL



Sidmouth Town Council will consider the making of grants to Voluntary Organisations for the year 2018/2019 at a Council Meeting to be held in January 2018.

Grants will only be made to organisations whose applications have been approved at that meeting.

Voluntary Organisations who wish to apply for financial assistance from the Town Council in 2018/2019 are invited to complete the attached application form which should be returned to:

Town Clerk,  
Sidmouth Town Council,  
Woolcombe House,  
Woolcombe Lane,  
Sidmouth,  
EX10 9BB

Completed applications must be received by  
Friday 15 December 2017.

**C.E. Holland**  
**Town Clerk**

THE ISSUING OF THIS APPLICATION FORM IS NOT A GUARANTEE THAT  
THE TOWN COUNCIL INTENDS TO GIVE A GRANT TO ANY ORGANISATION

# Sidmouth Town Council

## 2018/2019 Grant Application Form

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Please send completed forms to: **Sidmouth Town Council, Woolcombe House,  
Woolcombe Lane, Sidmouth, EX10 9BB**

Deadline for receipt of forms is: **Friday 15 December 2017**

<b>Name of Your Organisation</b>			
<b>Date of Formation</b>			
<b>Membership</b> What is the age range for whom provision is made? What is the average attendance per meeting?			
<b>Details of expenditure towards which grant is sought:</b>	<b>COST</b>	<b>GRANT REQUESTED</b>	
<b>General statement supporting application</b> (Please explain how your application fulfils any or all of the criteria in Appendix A)			
<b>Financial Information Required:</b>  1. General/Unrestricted Funds – Last Year <i>(usually final bank balance at end of last financial year)</i>  2. General/Unrestricted Funds – This Year <i>(usually final bank balance at end of this financial year)</i>  3. Last Year's Spending	1.	2.	3.

(Following information for office use only)

**Signed on behalf of the applicant body:**

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**Position** .....

**Date**.....

**Contact Name (Please print):**

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**Address (Please print):**

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**Phone:** .....

**Email:** .....

**If your application is successful grant payments will be made by bacs**

Please supply the following information:

Name of Bank Account.....

Account number.....

Sort Code.....

N.B.: All applications must be supported by a copy of your last audited accounts or a business plan for new organisations in their inaugural year.

**APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION**

## Appendix A

# Sidmouth Town Council Grant Application Qualitative Assessment Criteria

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**These criteria are used to aid Council members in their comparative assessments of grant applications which are deemed to have complied with the threshold criteria.**

**NOTE: not all applications will meet all of the following criteria, but to be successful they should meet one or more.**

### Qualitative Assessment Criteria

**With respect to the area governed by the Town Council, the project:**

- 1. Promotes the well-being of the people and community**
- 2. Enhances and/or preserves the heritage**
- 3. Contributes to the viability and vitality of the economy**
- 4. Improves the cohesiveness of the community**
- 5. Is inclusive of a wide spectrum of beneficiaries**
- 6. Contributes towards the community's cultural life**
- 7. Contributes to organisational and/or environmental sustainability**