Community Grant Application Form

West Rainton and Leamside Parish Council

Use this form to apply for one of the three grant routes below. Complete every relevant section; write “Not applicable” where necessary and explain why. Tick the supporting documents included in section 6.

When to apply:
Annual Application Funding (AAF) applications must reach the Parish Clerk by 30 November for activities starting in the following financial year.
Major Project Funding (MPF) and Emergency Support Funding (ESF) applications can be submitted throughout the year.
Funding limits: AAF awards are limited to £500. MPF and ESF awards have no fixed maximum and are determined according to the merits of the application and the available budget. An organisation may normally receive only one grant in a financial year; an additional ESF award may be considered only for an exceptional, unforeseen need arising after an earlier award.

1. Funding route and organisation

Choose one funding route:

☐ Annual Application Funding (AAF) — planned events or activities; apply by 30 November.

☐ Major Project Funding (MPF) — larger or exceptional projects; apply at any time.
☐ Emergency Support Funding (ESF) — an exceptional, unforeseen and urgent need that cannot reasonably wait for the annual cycle; apply at any time.

About your organisation

Organisation name:

Click or tap here to enter text.

Not-for-profit, voluntary or charitable status (and registration number, if applicable):

Click or tap here to enter text.

Address and postcode:

Click or tap here to enter text.

Website (if any):

Click or tap here to enter text.

Main contact name and role:

Click or tap here to enter text.

Telephone: [Type response] Email: [Type response]

What does your organisation usually do?

Click or tap here to enter text.

When was it established?

Click or tap here to enter text.

Eligibility confirmations

☐ The applicant is a not-for-profit community or voluntary group, or a charitable organisation.

☐ The applicant is not a private individual or political party.

☐ If the applicant is a religious or national organisation, this activity provides a clear and substantial benefit to parish residents regardless of religious belief.

Is it based in West Rainton and Leamside Parish? ☐ Yes ☐ No

If no, how does it directly benefit parish residents?

Click or tap here to enter text.

2. Activity, need and eligibility

Project or activity title:

Click or tap here to enter text.

Where will it take place?

Click or tap here to enter text.

Start date: [Type response] End date or activity period: [Type response]

Tell us about your activity

What will you do, and who is it for?

Click or tap here to enter text.

What need will it meet? How did you identify that need, and why is Council funding needed?

Click or tap here to enter text.

Estimated number of West Rainton and Leamside residents who will benefit: _____

Estimated number of other beneficiaries, if any: [Type response]

What specific difference will it make to the parish or its residents, and how will you show what it achieved?

How will local people take part or access the activity?

Click or tap here to enter text.

Is this request for future costs only, with no expenditure incurred before Council approval, and does it avoid replacing an activity or service another public body has a statutory duty to fund or provide?

☐ Yes, I confirm all points ☐ No, I cannot confirm all points

If you cannot confirm, please explain: [Type response]

3. Amount requested and project budget

Funding summary
Total project cost: £[Type response]

Amount requested from the Council: £[Type response]

Your organisation's contribution: £[Type response]

Other funding already confirmed: £[Type response]

Other funding applied for but not yet confirmed: £[Type response]

Amount still needed after these contributions: £[Type response]

What would the Council grant pay for? Please list each item, its cost and the quote or other basis for the cost. Attach a fuller budget if needed.

Item	Cost (£)	Basis or quotation
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

How does this offer value for money? What quotations have you obtained? If none, why not?

Click or tap here to enter text.

List other funders, the amount from each and when you expect a decision. Include relevant award letters.

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Has your organisation received a Council grant in this financial year? ☐ No ☐ Yes
If yes, give the date, amount and purpose:

Click or tap here to enter text.

4. Questions for your selected funding route

Complete **only the part for the funding route you selected** in section 1.

AAF — Annual Application Funding

Is the activity planned for the financial year after the 30 November deadline?

☐ Yes ☐ No

MPF — Major Project Funding

What makes this a larger or exceptional project? Give its key stages and expected dates.

Click or tap here to enter text.

If it will last more than one year, how long will it run and how will future costs be covered without assuming further Council funding?

Click or tap here to enter text.

Please attach a business plan, detailed budget and timetable.

ESF — Emergency Support Funding

What exceptional and unforeseen need or risk has arisen? When did it arise, why could it not reasonably have been foreseen, and when is funding needed?

Why can this not wait for the annual cycle? What would happen without prompt funding, and what other options have you explored?

Click or tap here to enter text.

If you have already received a Council grant this year, what exceptional grounds support another request?

Click or tap here to enter text.

Please attach evidence of urgency where available.

Click or tap here to enter text.

5. Governance, safeguards and payment details

How do your committee or trustees oversee spending? How will this application and any grant be authorised, administered, recorded and evidenced?

Click or tap here to enter text.

Will the activity involve children or adults at risk? ☐ No ☐ Yes

If yes, describe your safeguarding arrangements and relevant DBS checks:
[Type response]

Is insurance needed for this activity? ☐ No ☐ Yes

If yes, give the type, insurer and expiry date: [Type response]

How will you make the activity accessible and avoid discrimination?

Click or tap here to enter text.

Payment can be made only to a bank account held in the organisation's name, not to an individual. Please do not include personal bank account details.

Name of Bank:

Click or tap here to enter text.

Account Name:

Click or tap here to enter text.

Sort Code:

Click or tap here to enter text.

Account Number:

Click or tap here to enter text.

6. Supporting documents checklist

Tick each document you have included. If one is not applicable or unavailable, explain below.

☐ Constitution or governing document
☐ Latest bank statement(s), showing balances
☐ Latest accounts (audited if available) and relevant current financial information
☐ Project budget with itemised costs
☐ Quotations or other cost evidence, where possible
☐ Relevant grant award letters from other funders
☐ Activity period or timetable
☐ Budget and business plan (where required)
☐ Insurance evidence, if relevant
☐ Safeguarding policy and evidence of appropriate DBS arrangements, if relevant
☐ Detailed MPF project plan, timetable and budget, if relevant
☐ Evidence of exceptional need and urgency for ESF, if available

Which documents are missing or not applicable, and why?

Click or tap here to enter text.

The Clerk may ask for further evidence proportionate to the application before a decision is made.

7. Declaration and submission

Please read and sign:
I am authorised to apply on behalf of the organisation. To the best of my knowledge, the information in this form and its attachments is accurate and complete. The proposed activity will benefit the parish or its residents and comply with applicable equality law. Any grant awarded will be used only for the approved purpose, and evidence of expenditure will be retained and provided on request. I understand that any material change requires the Council's prior written consent; repayment may be required if the award conditions are not met, the full award is not used for the approved purpose, materially inaccurate information is provided, the organisation disbands or the activity does not proceed. Before payment, the organisation will accept the Grant Conditions and any additional conditions in the award letter.

Funding is not guaranteed and further information may be requested.

Name:
Position in organisation: [Type response]

Signature: [Type response]

Date: [Type response]

Send the signed form and attachments to:
Parish Clerk, West Rainton and Leamside Parish Council
c/o 62 Trevelyan Place, Peterlee SR8 2NL

Email: clerk@westraintonandleamsidepc.gov.uk