

**Town Council of Todmorden**

**APPLICATION FORM FOR GRANTS**

Name of Organisation: .....

Contact person name: .....

Address:.....

Telephone:.....(daytime)..... evening/weekend

e-mail .....

If this is your first ever application for grants from Todmorden Town Council, please attach detailed information of what your group/organisation is and what it does. **All applications should enclose the audited accounts for the last completed financial year of the organisation, unless this form is an addition to an application made earlier this year.**

Is your group a branch of a national or regional organisation? YES  NO

If yes, please give name of this national or regional organisation: .....

.....

Amount of grant requested from Todmorden Town Council? .....

How much money do you need in total for the same purpose? .....

What will the grant you apply for be spent on?

Organisation's running costs/core funding

Project

(Please note that Todmorden Town Council is in principle willing to provide grants for the core funding/running costs of organisations and groups, particularly if needed to start new activities or to help new groups to get started)

If you are applying for running costs, please explain why you need this grant:

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Who in Todmorden benefits from your organisation's/group's activities?

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.....

If you are applying for a grant for a project, please give details

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.....

Who in Todmorden will benefit from the project?

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.....  
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Are you applying to other funders?    YES                NO   

If yes, please give details (including dates of applications made or planned to be made)

Agency	Applied for (£ + date)	Grant confirmed
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Please give details of fundraising efforts already made for the same purpose as this grant application

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Please give details of *future* efforts planned to raise funds for the same purpose as this grant application

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If your organisation/specific project or event involves children do you have child protection policies in place? YES  NO

Is your organisation fully covered for insurance risk, especially public liability insurance? YES  NO

**Please attach a budget for your proposals, including income and expenditure, to this application.** This budget can include the value of the time given by helpers and volunteers (please indicate number of hours given or intended to be given) and any gifts or services in kind provided by either your members or outside bodies or firms. This information is in addition to the **audited accounts for the last completed financial year of the organisation, unless this form is an addition to an application made earlier this year.**

.....  
Signature of applicant Date

.....  
Position in organisation/group

PLEASE RETURN TO: The Clerk, Todmorden Town Council, Todmorden Community College,  
Burnley Road, TODMORDEN. OL14 7BX. Tel: 01706 548135.  
Fax: 01706 548136 or e-mail clerk@todmordencouncil.org.uk

**REMINDER**

Unless all the requested information is supplied your application cannot be considered, so, have you:

- Completed all parts of the form?
- Signed the form?
- Submitted a budget, including income and expenditure?
- Submitted audited accounts for the last completed financial year?

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