



**KIMBERLEY TOWN COUNCIL**  
Application for Grant

**OFFICE USE ONLY**

GRANT APPLICATION NUMBER .....

DATE APPROVED/REFUSED at Full Council .....

FINANCIAL YEAR TO BE AWARDED: .....

**PLEASE COMPLETE IN CAPITAL LETTERS**

**Please clarify your organisation**

If the organisation is a limited company you are unfortunately exempt from applying

|   |
|---|
| Please clarify your organisation's status: <ul style="list-style-type: none"><li>• Is your group/organisation a Registered Charity: Yes/No<ul style="list-style-type: none"><li>○ Charity Number:</li></ul></li><li>• Is your group/organisation a CIC: Yes/No</li><li>• Is your group/organisation a voluntary or community organisation: Yes/No</li></ul> |
|---|

|    |  |        |
|----|--|--------|
| 1. | Name of group / organisation   |        |
| 2. | Address of group / organisation  |        |
| 3. | What does your group / organisation do?  |        |
| 4. | Please attach a copy of your organisation's constitution or rules as appropriate.  | Yes/No |
| 5. | Amount of grant requested<br>(Please provide on a separate sheet a detailed breakdown of the costs for this project and highlight what is being covered by your grant request) | £      |
| 6. | What will be the total cost of the above project? (please see point 5)   |        |
| 7. | For what purpose or project is the grant requested?<br>(Please continue on a separate sheet if necessary)  |        |

|     |  |                                |
|-----|--|--------------------------------|
| 8.  | If the total cost of the project is more than the grant, how will the residue be financed?   |                                |
| 9.  | Have you applied for a grant from Kimberley Town Council before  | Yes/No<br>Dates/ Year applied: |
| 10. | Have you applied for a grant from another organisation for this same project?<br><br>If so, which organisation and how much?   |                                |
| 11. | Who will benefit from the project?   |                                |
| 12. | Approximately how many of those who will benefit are Kimberley parishioners?   |                                |
| 13. | KTC may request photographs and information so that we can promote this on our website and Facebook page or submit to local newspapers<br><br>Are you happy with this? | Yes/No                         |

You may use a separate sheet of paper to submit any other information which you feel will support this application.

Please fill in the boxes below:

| I have included:  | Please Delete as Applicable | Office Only |
|---|-----------------------------|-------------|
| We are eligible to apply for a KTC grant                          | Yes/No                      |             |
| Organisations constitution or rules                               | Yes/No                      |             |
| Organisations full set of accounts for last 2 financial years     | Yes/No                      |             |
| Or if a new organisation then last 6 months bank statements       | Yes/No                      |             |
| If appropriate please provide quotes for the project              | Yes/No                      |             |
| I have read the grant awarding policy & returned last page signed | Yes/No                      |             |
| Contact Details filled out on a separate page                     | Yes/No                      |             |

Please send all paperwork to the Clerk at:  
Kimberley Town Council, The Parish Hall, Kimberley, NG16 2NJ  
Or email to: [theclerk@kimberley-tc.gov.uk](mailto:theclerk@kimberley-tc.gov.uk)  
Telephone: 0115 9382733

## CONTACT DETAILS FOR SUBMISSION

Please fill in the contact details below, this is for office purposes only to be kept with your application but will not be displayed on our website as per GDPR guidelines.

**Can this information be on a total separate page due to GDPR.**

### PLEASE COMPLETE IN CAPITAL LETTERS

|    |  |   |
|----|--|---|
| 1. | Contact name   |   |
| 2. | Contact postal address   |   |
| 3. | Contact telephone number and email:                                    |   |
| 4. | Your position in the organisation:<br>e.g. Chairman, Secretary, leader |   |
| 5. | Bank details that grant is to be paid into                             | Account No:<br><br>Sort Code:<br><br>Name of Account: |
| 6. | Email address for remittance   |   |
| 7. | I have read the grant awarding policy                                  |   |

Signed.....Date.....