

Market Street Crediton Devon EX17 2BN

Telephone: 01363 773717

Email: townclerk@crediton.gov.uk

Grant Aid Application Form 2017 – 18

The information provided on this form will be treated as confidential and used for grant assessment purposes only. Where the application is successful the Council may, from time to time, wish to process this information (as updated) for administration purposes. Where this happens, processing, whether by computer or otherwise, will take place in accordance with the Data Protection Act. By signing this form, you will be providing the Council with your consent to these uses.

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►Name of Organisation:	
►Contact Details:	
Title (Mr/Mrs/Miss/Ms/Other)	
First Names	
Last Name	
Position in Organisation	
Address	
Postcode	
Telephone Number	
Email Address	
Are you or any members of your organisation related to any elected member or employee of the Council? If so, please give details.	
▶Purpose/Aims of Organisation:	
►Size of Organisation/Number of Members:	



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▶Purpose for which the Grant is required: Please include details on who will be	anofit from the project
	enent from the project
or scheme requiring funding.	
►Total cost of the project or scheme requiring funding:	
Protar cost of the project of scheme requiring funding.	
►Amount of Grant applied for:	
►Annual Budget: Please include details on any anticipated income (including	grants applied for and
sources of other funding) and any proposed expenditure. Please attach a cop-	
most recent set of accounts or business plan if available.	, 0
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►Account of Activities over the Previous Year:	
Account of Activities over the Freeboas real.	



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►Account of Plans for Forthcoming Year:
▶ Previous Applications: Please provide details of any previous financial assistance provided by the Council to include dates, details of any schemes or projects and the amount received from the Council.
▶ Does your service/project involve work with children, young people under the age of 18 or
vulnerable adults?
Yes No No
If you as a minimum we expect you to:
If yes, as a minimum we expect you to:have safeguarding policies in place that are appropriate to your organisation's
work and the project you are asking us to fund
review your safeguarding policies at least every year
• complete a rigorous recruitment and selection process for staff and volunteers who work with
children, young people or vulnerable adults, including checking criminal records and taking up
references
check criminal records at least every three years
• follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children,
young people or vulnerable adults
 provide child protection and health and safety training or guidance for staff and volunteers
carry out a risk assessment, if appropriate
• secure extra insurance cover, if appropriate.
Does your organisation meet these requirements? Yes □ No □



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▶Additional Information: Please provide any additional information you may consider relevant of helpful to the Council when considering this application.
▶Declaration:
I declare that to the best of my knowledge and belief, all particulars and information provided in th document are correct and complete.
I understand that any false declaration or misleading information or any significant omission mare result in the rejection of the application or repayment of any grant aid subsequently provided.
Signed Date

This form must be returned to Crediton Town Council, Council Offices, Market Street, Crediton, Devon, EX17 2BN, no later than Friday, 30th September 2016.

Your application <u>must</u> be accompanied by a copy of your most recent published financial accounts.

Grant Aid applications for the financial year 2017/2018 will be payable in April/May 2017.