

HONITON TOWN COUNCIL APPLICATION FOR GRANT

Please send completed application by NOON 21 November 2019 to:

Mrs C Bowles
Honiton Town Council
The Beehive
Dowell Street
Honiton, EX14 1LZ

1.	Name of Organisation					
2.	Address					
3.	Name of Contact and position in Organisation					
4.	Contact Telephone number					
5.	Email address					
6.	Status of organisation	Voluntary	Limited Company		Registered Charity	Other (please describe)
	(Please select)	Community Organisation	Co-op	erative	Charity Number	
7.	Which one of the	Sport				
	following best fits	Arts				
	your groups area of interest	Health				
	or interest	Green				
		Youth				
8.	Date of formation					
9.	Do you have a man	agement com	mittee	YE	S/NO	



10. Where in Honiton do your activities take place? 11. Please describe the services/activities you offer. 12. How does the local community benefit from the services/ activities? 13. What has your organisation achieved in the last year?



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14.	What does your organisation plan to achieve in the next year?	
15.	What is the name of the activity/project you are applying for?	
16.	When will it be started/finished	
17.	What is the total cost of the project?	
18.	How much are you requesting from Honiton Town Council?	
19.	How much have you already raised?	
20.	Is this Grant for Match Funding?	
21.	Where else have you applied for Grants?	



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22.	The Council is looking towards projects that support the following areas: Young		
	people/ Health and Well Being / the environment and Town regeneration. Please outline which of these areas your project is addressing.		
	(500 words maximum)		
	(000 Words Maximum)		



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23.		w about who you are working with and the long-term se answer the following questions
24.	How many people will this project benefit	
25.	How many are involved in decision-making and ownership of this project?	
26.	Will your project encourage more Honiton residents to get involved?	
27.	Are you partnering with other Honiton groups and, if not, could you consider doing so?	
28.	We want to know how you will be sure your project is successful. What will you be measuring and how will you measure it?	
29.	Will your project continue after this grant is spent? If so, how will it be funded?	
30.	Have you had a grant from the council in the past? If so when, how much for, what was the grant for and was the project a success	



Declaration

We confirm that all the information contained within this application is true and accurate to the best of our knowledge and belief, and that we are authorised to submit this application on behalf of the group. We have read and agree to abide by the terms and conditions (please click/tick box to agree)					
We have provided copies of the following necessary do Information) to support the application (please click/tick					
Accounts Bank statement or paying-in slip Constitution (to double check bank details)					
NB. Scanned copies are acceptable if you send your a Applications will not be taken to committee wi	• •				
Signature 1 (person submitting form)					
Signature 2 (Chair or senior representative of the organisation)					
Typed entries acceptable for email applications					
Date:					