



HAILSHAM TOWN COUNCIL

Grants to Local Organisations – Policy Criteria

Subject to funding being available, Hailsham Town Council is committed to providing assistance and support to local community groups which are set up to promote community life for Hailsham residents. The Council's financial support is provided by way of Grants which are decided against criteria set by, and which can be amended from time to time by Hailsham Town Council.

In order for the Town Council to be able to rationally and objectively assess applications, many which will inevitably be totally dissimilar in content, it is both necessary and helpful to assess all applications received against a range of criteria. These are designed to be a general indication of need but are not exclusive and can be flexibly applied.

When considering Grants the Town Council will take into account the following guidelines.

1. Activities of the organisation or association should be readily available to the community in general.
2. Membership should be appropriate to the activity and should encompass junior, senior, full and part time residents and be available for disabled people if possible.
3. The range of activities undertaken and the programme of the organisation should be available for reference.
4. The current financial situation should be substantiated by either audited accounts or a business plan for a new group or organisation.
5. Groups and organisations should demonstrate that they have applied for financial aid from other sources.
6. Financial aid will not normally be offered to any commercial or national organisation body or group from outside the town unless it can be shown that the local population will be able to derive some benefit from the services provided.

Hailsham Town Council

Revenue Grant Application Form (Please complete the form in block capitals)

APPLICANT.....
(Name of Organisation)

Registered Charity Yes / No Registration No.....

Contact Name.....

Address.....

.....

.....

Post Code..... Tel No.....

Position in the organisation (i.e. Chairman, Treasurer, Secretary etc).....

Please read the notes on the back of this form before making your application. If you are uncertain about any of the questions on the form, please contact the Town Council on 01323 841702.

Applicants are advised that this form and the information contained in it will be included as part of the Town Council's public records.

ALL REVENUE GRANT APPLICATIONS MUST BE RECEIVED BY THE TOWN COUNCIL BY 30TH NOVEMBER IN EACH YEAR. APPLICATIONS FOR REVENUE GRANT ASSISTANCE ARE CONSIDERED ONCE ANNUALLY AT A MEETING OF THE FINANCE, POLICY & RESOURCES COMMITTEE AND RECOMMENDATIONS WILL BE SUBJECT TO FORMAL RATIFICATION AT A FULL COUNCIL MEETING. ALL APPLICANTS WILL BE ADVISED OF THE COUNCIL'S DECISION BY THE END OF MARCH EACH YEAR.

Aims of the Organisation.....
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Amount of Grant applied for.....

Purpose of Grant.....
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Total Cost of Project.....

How will you be funding the running costs of your Project/Organisation in future years?
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How many people in Hailsham will benefit if you are awarded a grant?.....
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Has your organisation previously applied for a Town Council grant? Yes / No

If "Yes", please give details.....
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Has a grant application been made to any other Body or Organisation for the purpose?

Yes / No If "Yes", please give details.....
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MEMBERSHIP

Please state the number of people involved in your organisation.....

What is the Annual Subscription, if any?.....

FUNDRAISING

What additional fundraising events or activities will you be holding this year?

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FINANCIAL

Please enclose your latest audited accounts and/or Business Plan if a new organisation and other information as follows:

- 1. Income and Expenditure Account / Business Plan
- 2. Balance Sheet
- 3. Club/Organisation’s Constitution or Rules
- 4. Is your organisation registered for VAT? Yes / No
- 5. Are you a profit-making Organisation? Yes / No

Please note that if any part of the application is not completed or any of the financial or other information not enclosed, your application may not be considered.

I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Gant Aid.

I confirm I have read the Policy Criteria for Grants and agree to comply with them.

Signature of Applicant.....Date.....

Please return your completed application to:-

THE TOWN CLERK, HAILSHAM TOWN COUNCIL, INGLENOK, MARKET STREET, HAILSHAM, EAST SUSSEX, BN27 2AE