

**DEMENTIA FRIENDLY TRING
GRANT APPLICATION FORM**

Your Organisation

Name of Organisation:

Correspondence Address:

Name

Address

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.....

Postcode

Contact details:
Telephone No: Email Address:

1. What is the nature of your organisation's activity?

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2. Is your organisation a registered charity? YES/NO* number

3. Is your organisation part of, or affiliated to, any national organisation? YES/NO*

If yes please give details:

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Your Project

4. Briefly describe the project or purpose for which you require a grant

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5. How will the project benefit the residents of Tring and/or the surrounding villages?

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6. How will the project be promoted?

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7. Once the funding has been used, how will the project be sustained in the future?

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8. When do you intend to start the project? Completion date?

The Finance

9. Estimated Cost of Project (Please provide a breakdown of the total cost of your project)

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Continue on separate sheet if necessary

Total estimated cost of project £_____

10. Funding of project (Please indicate how your organisation plans to fund the project)

Funds immediately available from your organisation £.....

Funds that you intend to raise yourself from events £.....

Grants or loans applied for / confirmed from other organisations £.....

Grant requested from Tring Town Council £.....

Total funding of project £_____

11. Please give details of any reserves or savings held by your organisation

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12. Who should cheque be made payable to?

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I declare that any grant made will be used solely for the purposes outlined in this application. I understand that Dementia Friendly Tring reserves the right to reclaim the grant in the event of it not being used for the purpose specified.

Name

Signed

Position Date

DOCUMENTS TO SEND WITH YOUR APPLICATION

The following documents **MUST** be submitted with your application:

1. A copy of your organisation's audited or independently examined accounts including balance sheet for the past financial year, copy bank statement and bank reconciliation as at the last balance sheet date.
2. UP-TO-DATE statements of any investment accounts.
3. If the above are not available, please provide evidence that the project will be brought to fruition e.g. a business case

Please note: the payment of a grant is made strictly on the understanding that, should the project not go ahead, all monies will be returned to Dementia Friendly Tring. Evidence that the grant has been spent for the purposes given above should be available for inspection by a member of Dementia Friendly Tring.

When completed, this form together with supporting documents should be sent to:

Clerk to the Town Council
Council Chamber,
The Market House,
61 High Street,
Tring
HP23 4AB

Email: clerk@tring.gov.uk