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| **Buckfastleigh-Logo_noDrop** | **Buckfastleigh Town Council**  **Perennial Grant Fund 2024** |

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| **Name of organisation & date established** |  |
| **Charity number (if applicable)** |  |
| **Address of organisation** |  |
| **Contact for this application** |  |
| **Position in organisation** |  |
| **Home address** |  |
| **Contact number** |  |
| **Email address** |  |

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| **Name of project or service** |  |
| **Description of project or service** | |
|  | |
| **What do you need funding for?** | |
|  | |
| **What evidence do you have of community need and support?** | |
|  | |
| **What need will be met and what outcome do you expect?** | |
|  | |
| **Potentially how many people will benefit from this project?** | |
|  | |
| **Is there another group within Buckfastleigh that already offers this service?** | |
|  | |
| **Start date:** | **Finish date:** |

|  |  |  |
| --- | --- | --- |
| **How much are you applying for?** |  | |
| **Total cost of project** |  | |
| **Evidence of funding from other organisations and/or grants applied for (if applicable please provide details below** | | |
| **Name of funder** | **Amount £** | **Date received** |
| **Evidence of other fundraising activities (if any, please provide details)** | | |
| **Activity description** | **Amount** | |
|  |  | |

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| --- | --- |
| **Name of Bank/Building Society** |  |
| **Account name** |  |
| **Account number** |  |
| **Sort Code** |  |

**Please provide the following documents:**

**• Audited accounts for the last full accounting period**

**• Predicted income and expenditure for the first year of the grant**

**• Copy of your current governing document or constitution**

**• Minutes of the most recent Annual General Meeting**

**• Copies of policies and procedures as detailed in the Perennial Grant Fund Policy and Guidance terms and conditions**

**Declaration**

**I/We declare that the information I/We have provided in this application is, to the best of my/our knowledge, accurate and true.**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

**Please return to: Judith Hart, Town Clerk, Buckfastleigh Town Council, Town Hall, Bossell Road, Buckfastleigh, Devon, TQ11 0DD   
Tel No: 01364 642576/07904033616 or email: clerk@buckfastleigh.gov.uk by 31st August 2024.**

**Please note that incomplete applications will not be considered.**

**Buckfastleigh Town Council reserves the right to request further information if required.**

**To be completed by the Town Council Meeting on behalf of Buckfastleigh Town Council**

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| **Recommend** | **Conditional recommend** | **Reject** |

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| **Comments (to include reasons for rejection)** |

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

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| **Declaration of Interest (please state if a member of the Council has a personal, controlling or prejudicial interest in this application)** |
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