

# Ward Grant Application Form

for projects to be completed within the period 1 April 2019 to 31 March 2020

**For office use only**

Date Received:

Reference Number:

Ward area of benefit:

## DO YOU NEED SOME HELP OR ADVICE?

Before you start you might like to contact us for an informal discussion or for help filling in the form. You can contact us at: Communities and Equalities Team, City of York Council, West Offices, Station Rise, York, YO1 6GA or tel: (01904) 551832 and ask to speak to the officer for the ward you are applying to.

Please make sure you complete all sections of this form. The information is used to assess eligibility and priority for the grants at ward team meetings. Incomplete applications will not be considered. If you have any queries do not hesitate to contact us. Please use BLACK ink when completing this form.

**Name of group**

1

**Address for group and contact information**

2

telephone:  
email:

postcode:

**Name of contact person**

The person in the group we can contact about this application.

3

position in group:  
(e.g. chair, active member)

**Contact address**

The contact person's address and contact information (if different from the group's).

3a

telephone:  
email:

postcode:

**Which ward are you applying to?**

4

## Ward Grant application form

### Your proposal

**Tell us about what you want to do**

(describe the project/activity):

5a

Who will benefit from your proposal and what do you think the benefits will be to people living in the ward?

5b

How would you involve the local community in the project?

5c

How does your project / activity contribute to addressing the Ward Priorities in this ward?

5d

## Ward Grant application form

### Is your group

5a

**A registered charity**

Yes / No

If yes, please give charity no.:

**A voluntary organisation**

Yes / No

**A community interest group**

Yes / No

**Other type of group**  
*(please give details):*

5b

If you are organising a public event, does your group have public liability insurance:

**Yes / No** *(please give details)*

Has your group received ward funding before?

**Yes / No** *(please give brief details)*

**Tell us a bit about your group** (what does your group do?)

6a

Does your group have a constitution or other governing documents?:

6b

**Yes / No**

*If **no** you will need a sponsor, please contact us to discuss . If **yes**, you will need to include a copy of your constitution with this application.*

## Ward Grant application form

### How much will your proposal cost?

What do you need to carry out your project and if you have to pay for this, what is the estimated cost?

	7a
<b>Breakdown of costs:</b> <i>(e.g. staff, accommodation, material costs)</i>	Amount
	£
	£
	£
	£
	£
	£
	£
	£
	£
<b>TOTAL</b>	£

Please give the amount of grant you are asking the Ward for:	7b
	<div style="border: 2px solid black; padding: 5px; display: inline-block;">£ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></div>

<i>How will you fund the difference (if any)?</i>	7c
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<b>Tell us about your group's finances</b>	8
	<p><i>(if you have not applied before please supply your bank details: bank name, address a/c no and sort code)</i></p> <p>Please enclose your group's most recent accounts and last two bank statements</p>

Approved grants will be paid by direct banking transfers (BACS). Please note cheques cannot be made payable to an individual.

## DECLARATION

This is to confirm that the information given in this form is correct to the best of my knowledge; that the group named on page 1 of this form is a not-for-profit community group or a neighbourhood-based voluntary organisation and that I am authorised to sign on behalf of the group.

I give permission for City of York Council to record my details and the organisation's details and to publicise successful grant applications.

Signed

Name (Block capitals)

Position in group

Date

### Sponsor's signature/details

Confirming that they have read,  
agree with and have a copy of this  
application

(Only necessary if your group is not  
constituted and/or does not have its  
own bank account)

Date

**NOW** please check you have;

- completed all the form and signed it,
- added any extra pages and copies of any relevant documents,
- included estimates and price lists as required and
- included a copy of your constitution
- included a copy of your latest bank account statement
- included a copy of your most recent accounts

## Ward Grant application form

- included your bank details where appropriate

**If you send an incomplete pack this may delay the processing of your application.**

**Please return this form to: [shapingneighbourhoods@york.gov.uk](mailto:shapingneighbourhoods@york.gov.uk)**

**Alternatively, you can post it to:**

Communities and Equalities Team

City of York Council

West Offices

Station Rise

York

YO1 6GA

### Fair Processing Information for Grant Application Forms

City of York Council will use the information you provide on this form for the administration of grant aid. Your group or organisation's contact details will be added to a database held by City of York Council for the processing of grant aid and for consultation purposes. The Council may also use the information you provide to ensure that all its other information systems are up to date. The award of grants is reported publicly. All information held by the council is liable to disclosure under the Freedom of Information Act unless it is exempt.

If you have any queries concerning the protection of personal privacy or publication of information please contact the City of York Council's Information Management Officer at [foi@york.gov.uk](mailto:foi@york.gov.uk) or call (01904) 552933.

**A large text version of this leaflet is available on request telephone:**

**(01904) 551832**

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جا سکتی ہیں۔ (Urdu)

☎ (01904) 551550