

West Lindsey
Community Grants



Councillor Initiative Fund Application Form

Applicant Name:

Our Reference:

Contact Details

Our Guidance Notes for this scheme contain further detailed information and advice. You can view them on our website: www.west-lindsey.gov.uk/funding

Submit completed forms by e-mail to: funding@west-lindsey.gov.uk

Or return by post to: Community Services, Guildhall, Marshall's Yard, Gainsborough, DN21 2NA

If you have any queries you can contact us via e-mail or telephone: 01427 676676



Checklist for Supporting Information

The following documents should be submitted with your completed application form. Please tick below to confirm you have included them.

Tick ✓	Supporting documents you MUST send with this form:
	Copy of your organisations constitution or similar governing document <i>(not required for Town or Parish Councils)</i>
	Copy of your organisations bank statement – from within the last 3 months <i>(a print out from online banking can be used)</i>

1. Your Organisation

You will find useful guidance in this side bar throughout the application form.

The name of your organisation should be the full name as stated on your constitution or similar governing document.

Please provide full contact details for yourself and another person we can contact in your organisation.

Name of Organisation:

Registration Number:

VAT Number:

Type of organisation: (i.e. Parish Council, Community Group, Charity etc.)

Postal Address including postcode:

Website address or social media page:

Your full name:

Position in organisation:

Daytime telephone number:

Mobile telephone number:

E-mail address:

Alternative contact name:

Contact telephone number:



2. Your Project

Name of project:

Please give your project a title in under 10 words. It could be a description of what the project will do. This is the name we will use when referring to your project in any publicity.

The description doesn't need to be complicated but should give an understanding of what you will do with the funding.

Please describe your project and how you will use the funding?

How will your project make a positive outcome or difference to the local community?

Please describe what difference your project will make to the local community.

How will people benefit as a result of your project?

Total cost of delivering your project:

Amount requested from this fund:

Total funding from other grants:

(External and match funding you have secured or are applying for)

Total funding from your organisation:

(Fundraising and own funds you are committing to the project)



3. Organisation Bank Details

Name of Bank: Branch Name:

Account Name:

Account Number: Sort Code:

4. Declaration for Organisation

By submitting this form you confirm that you understand and agree to the declaration:

“I agree, on behalf of the organisation named in Section 1 of this award form, to accept funding from West Lindsey District Council in accordance with the **Grant Funding Agreement** for this fund”

You can view the Grant Funding Agreement online at: www.west-lindsey.gov.uk/funding

Please sign and date this form to confirm you have read and agree to the declaration.

Signature: Date:

Full Name:

Position within organisation:

If you are completing this form electronically you DO NOT have to sign this form, just ensure you have entered your e-mail address on the contact details page.

5. Declaration for District Councillor

If you have any Declarations of Interest in this project please provide details below:

Please sign and date this form to confirm this award from your fund allocation.

Signature: Date:

Full Name:

Total amount awarded: £

Would you like a presentation certificate printing for this award? Yes No

Please list any other Councillors intending to make a joint award to this project: