

MARKET TOWNS INITIATIVE

Grant Application Form



**NORTH
NORFOLK
DISTRICT
COUNCIL**

Before completing the application form please read the Market Towns Initiative Prospectus and Checklist to ensure that the project is eligible to apply and that you can supply the relevant supporting documentation. Please use or refer to the guidance notes to make sure that the application form is completed correctly. If you require any additional help in completing your application or you have any questions please contact Emma Denny at North Norfolk District Council on 01263 516010 or email mti@north-norfolk.gov.uk

SECTION 1 - CONTACT DETAILS

1.1 Organisation details

Name of Organisation:	
Address of Organisation:	
Web address of Organisation:	

1.2 Main contact person

Name:	
Role:	
Address:	
Daytime Phone No:	
Work Phone No:	
Mobile:	
Email:	



1.3 Secondary contact person

Name:	
Role:	
Address:	
Daytime Phone No:	
Work Phone No:	
Mobile:	
Email:	

We may need to contact you regarding the application so please give preferred method of contact:

Email Telephone

SECTION 2 - YOUR ORGANISATION

2.1 Where in North Norfolk does your organisation currently operate?

Fakenham Holt North Walsham Stalham

2.2 How did you hear about the Market Towns Initiative? Please tick one box only.

Newspaper Word of Mouth Website Other - please give details:

2.3 How would you describe your organisation?

Local Charity Community Group, Club or Association

Voluntary Organisation Town or Parish Council

Community Interest Company (include registration number if applicable):

If the organisation is part of a larger or national charity, please give details:

Other, please give details

2.4 What is the main purpose / function of your organisation?

**2.5 How is your organisation managed - Board of Trustees, Committee or other?
Please provide evidence of your governance arrangements - e.g. articles of association and memorandum, constitution, etc. (this can be attached separately or as a link if available online).**

2.6 How many members or volunteers are involved in the organisation?

SECTION 3 - ABOUT YOUR PROJECT

3.1 Project Name

3.2 Please give an overview of the project (maximum of 300 words).

3.3 Please provide specific details of what the MTI grant money will be used for.

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3.4 Anticipated project start and end date (if applicable).

Start date:	
End date:	

Are these dates? Fixed Flexible

3.5 Tell us about any other organisations that will be involved in the project and what they will do.

Name of Organisation	Role

3.6 Can you demonstrate how you will raise awareness of your project in the Town, and provide evidence of the consultation you will do/have done? (Please attach forms in necessary).

Social Media Local Groups Public Meetings Surveys

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3.7 What will the project achieve and what do you expect will change as a result of the project? (maximum 200 words).

3.8 For monitoring purposes is the project aimed at certain groups of people.

Yes No

Please provide details:

3.9 Please describe how you plan to measure and monitor the outcomes of the project (successful applicants will be contacted to discuss and agree monitoring and evaluation outcomes) (maximum 200 words).

3.10 What is the longevity of the project and what will happen when its funding ends? How will its benefits be maintained and how will on-going costs (if applicable) be met? (maximum 300 words)

SECTION 4 - PROJECT COSTS

4.1 How much are you asking the Market Towns Initiative fund for?

£

4.2 What is the total cost of the project? Please provide a budget breakdown of the total project costs and specific expenditure that the grant would fund. Identify whether the costs include VAT if applicable.

Expenditure	Net Amount	VAT	Total
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£

4.3 List any additional funding that you are seeking or already have in place.

Date	Amount	Source of Funding	Conditions/ Restrictions	Has this been secured?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

4.4 Do you require any additional help with funding matters?

Yes No

SECTION 5 - BANK DETAILS

5.1 The organisation’s account must have signatures from two unrelated people for all transactions.

Name of Organisation

Name of Bank / Building Society Account

Address of Bank / Building Society

Sortcode:							
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Account No:									
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SECTION 6 - DECLARATION

Please ensure that you have answered all the questions on the application form and attached all supporting documentation required on the checklist otherwise your application cannot be considered.

- As the main contact or second contact named in Section One of this application form I am authorised to apply for a grant from the Market Towns Initiative Fund on behalf of the organisation.
- I understand that if I make any misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withhold any information, this could make the application invalid and the organisation could be liable to repay any funding which they may already have received.
- I confirm that the organisation has the legal power to set up and deliver the project described in this application form.
- I understand that part or all of the information provided may be held electronically. This information will be used for the administration of applications and grants and for statistical analysis. This information may be shared with individuals or organisations that may be consulted when assessing applications, verifying data and monitoring grants.
- I understand that if information about this application is requested under the Freedom of Information Act that North Norfolk District Council may release it.

Signature:	Position in Organisation
Name (please print)	Date of Application

Please keep a copy of this application

Send your application with all the supporting documentation to:

- **By email:** mti@north-norfolk.gov.uk
- **By post:** Democratic Services, North Norfolk District Council, Holt Road, Cromer, NR27 9EN