



**DISS TOWN COUNCIL**  
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## Community Grants Scheme – Application Form

### (To be completed with reference to the accompanying Guidance notes)

Diss Town Council is committed to assisting voluntary and not-for-profit organisations working for the benefit of Diss residents whenever possible. One of the ways this is done is through financial grants.

The Council's Financial Year runs from April to March, and applications for grants are considered at two points in the year: Applications received by 31st January will be considered in March for payment from April onwards. Applications received by 31st July will be considered in September for payment from October onwards.

Applicants are advised to read the accompanying guidance notes before completing this form.

Organisation / Individual's Details		
1.	Nature of grant requested from DTC Is your organisation seeking a one-off Project grant, or an Operational Grant	<input type="checkbox"/> Project grant (A grant of a one-off nature for, for instance, the purchase of equipment or services to provide or improve a facility or activity for the residents of Diss) <input type="checkbox"/> Operational grant (An annual grant to support the ongoing costs of the organisation's activities)
2.	Name of Organisation or Individual(s) including address and website if applicable:	
3.	Name, address and contact details of person making the application	Name: Address:

		Phone: Landline: Mobile: Email:
4.	Position held in organisation if applicable	
5.	How long has this organisation been established if applicable?	
6.	How would you describe your organisation / the applicant(s)? (tick all boxes that apply)	<input type="checkbox"/> Voluntary organisation or individuals <input type="checkbox"/> Community/Residents' group <input type="checkbox"/> Registered charity <input type="checkbox"/> Company limited by guarantee <input type="checkbox"/> Trust <input type="checkbox"/> Other – please state:
7.	Charity Number (if applicable)	
8.	Company registration number (if applicable)	
9.	Does your organisation have a membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10.	If yes, please state:	Current no. of members: Annual Subscription:
11.	Please give details of any other organisation or umbrella group to which your organisation is affiliated if applicable	
12.	Please tick if your organisation / group has:  <i>(You do not have to provide any of these documents at the time of application, but some or all may be required before any grant funds are transferred.)</i>	<input type="checkbox"/> A formal constitution <input type="checkbox"/> A child protection policy <input type="checkbox"/> A protocol for working with vulnerable adults <input type="checkbox"/> Public Liability insurance <input type="checkbox"/> A disability audit of its own premises <input type="checkbox"/> A risk assessment relating to the activity to which the grant relates.
13.	Please describe the activities undertaken by your organisation, including location and frequency of meetings or activities if applicable.	
14.	Does your organisation have its own premises?  If yes, are they:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Owned by the organisation <input type="checkbox"/> Rented <input type="checkbox"/> Other (please state) .....

<b>Project</b>		
15.	Please describe your project, its aims and objectives, and outline how it will benefit the people of Diss.  (Please continue on a separate sheet if necessary)	
If not already mentioned above, please state the following:		
16.	When do you expect the project to start?	
17.	When do you expect the project to finish?	
18.	Is the grant for equipment or something else requiring ongoing maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes, how will this ongoing maintenance be funded?	
20.	How long will the project actively involve residents of Diss?	<input type="checkbox"/> One day <input type="checkbox"/> Up to one week <input type="checkbox"/> Up to three months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> More than one year
21.	Which of the following categories of activity apply to your grant application?	<input type="checkbox"/> Advice Services <input type="checkbox"/> Arts and Culture <input type="checkbox"/> Assistance to the Disabled <input type="checkbox"/> Enhancing the environment of Diss <input type="checkbox"/> Older People <input type="checkbox"/> Sport and Recreation <input type="checkbox"/> Transport <input type="checkbox"/> Younger People
22.	Which of the following criteria does your grant application meet?	<input type="checkbox"/> Benefits the residents of Diss as a whole <input type="checkbox"/> Benefits a specific category of residents of Diss, particularly disadvantaged or vulnerable sections of the population <input type="checkbox"/> Provides a service of facility not currently provided elsewhere in Diss <input type="checkbox"/> Adds to or improves existing facilities <input type="checkbox"/> Makes better use of under-used Town Council facilities (i.e. DYCC, Sports Ground) <input type="checkbox"/> Is freely available to all sections of the community

23.	In addition to the above, the following <b>will</b> be required of grant applications for ongoing operational funding, and <b>may</b> be required in respect of project grants:	<input type="checkbox"/> Evidence is provided of efforts to generate income from other sources <input type="checkbox"/> The organisation / individuals will be required to provide copies of its latest audited accounts, together with a budget / business plan for the period covered by the grant applied for <input type="checkbox"/> Evidence is provided of set targets and robust methods of measuring the achievement of those targets
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**Funding**

24.	(Project Grant) Total Cost of Project	
25.	(Operational Grant) Total Annual Budget of your organisation	
26.	Funds already raised	
27.	Grant requested from DTC	
28.	Grants requested from other grant making bodies	
29.	Anticipated date of grant award from other grant making bodies	
30.	If the above are not sufficient to meet the full cost of the project, where will the balance come from?	
31.	Is the grant requested from DTC for match funding (i.e. are funds from elsewhere?) If yes, please provide details  <i>N.B. A DTC grant award could be conditional upon evidence that grant applications to other grant making bodies are successful.</i>	<input type="checkbox"/> Yes (please state) ..... <input type="checkbox"/> No
32.	Please enclose a copy of your organisation's most recent annual accounts	<input type="checkbox"/> Accounts attached <input type="checkbox"/> Accounts to follow <input type="checkbox"/> Not applicable
33.	Please attach a comprehensive budget and business plan for the organisation/project. <i>This may not be appropriate for smaller, one off grants, but will be important for operational grants.</i>	<input type="checkbox"/> <b>Business plan</b> attached <input type="checkbox"/> Business plan to follow <input type="checkbox"/> Business plan not available <input type="checkbox"/> <b>Budget</b> attached <input type="checkbox"/> Budget to follow <input type="checkbox"/> Budget not available

**Outcomes**

34.	How will you know if your project is successful? What will you be measuring and how will you measure it?	
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Please add any additional supporting information you would like considered here		

<p><b>Signature and Declaration:</b></p> <p><b>I declare that:</b></p> <ul style="list-style-type: none"> <li>the information given in this form and any accompanying documents is correct to the best of my knowledge,</li> <li>any funds received will be used solely for the purpose detailed on this form.</li> </ul> <p><b>I understand that:</b></p> <ul style="list-style-type: none"> <li>documentation supplied will not be returned <b>and may be made available for public scrutiny.</b></li> </ul> <p><b>I agree:</b></p> <ul style="list-style-type: none"> <li>to make invoices and any other relevant documents available on request</li> <li>to abide by any conditions set out if an award is made.</li> <li>to return any grant if the project cannot proceed</li> <li>that, if successful, details of the project may be published by the Council.</li> </ul> <p><b>I confirm that</b></p> <ul style="list-style-type: none"> <li>I have authorisation to apply for a grant on behalf of the organisation.</li> </ul> <p><b>I understand</b></p> <ul style="list-style-type: none"> <li>that if I make misleading statements at any stage during the application process, or knowingly withhold any information, that this could make my organisation's application invalid and my organisation could be liable to repay any funds to the Council.</li> </ul>
Name of Signatory:
Capacity/Role in the organisation if applicable:
Name of Organisation if applicable:
Signature:
Date:

This form should be returned to The Town Clerk, Diss Town Council, Council Officers, 11-12 Market Hill, Diss, Norfolk, IP22 4JZ, or to [towncouncil@diss.gov.uk](mailto:towncouncil@diss.gov.uk) no later than 31<sup>st</sup> July for grants sought for payment from October, or 31<sup>st</sup> January for grants sought for payment from April.