2024/25



HYTHE TOWN COUNCIL GRANT APPLICATION

Please read the attached Terms and Conditions before completing this form

PART A: To be completed b	y the ap	oplicant. If completing by hand, PLEASE PRINT
Applicant Name:		
Position:		
Organisation Name:		
Organisation Type: (please see attached Ts & Cs for eligible organisation types)		
Company/Charity number		
Address:		
Telephone:		
Email:		
Project Name:		
Short description of what the grant will be spent on:		
Project Dates:	Start:	End:
Payment Details		
Name of Bank		Account Name:
Sort Code		Account Number:
Office Use Only		
F&GP Meeting date//	_ <i>Pa</i>	assed Y/N Minute No
Amount of Grant Awarded: £		
Signed		Date:
Print Name:	(Chairm	nan of F&GP Committee)

Pro	oject D	etails		
1.	Project Please	et Description: e describe your project (max 200 words)		
2.	Evider Please	nce of community need / support e provide the justification for your project (max 200 wo	ords)	
3.	Locati	on:		
4.	Legac	y and beneficiaries		
5.		ng request: nuch are you asking for (minimum £100)?		
6.	How w	vill you spend the grant?		
	Please	e provide an accurate breakdown of the proposed spe	end	
		<i>Item</i>	Cost	
		Total		

7.	Please submit evidence for each of the above costs (e.g., a quote or copy of the brochure or a web link showing prices). For staff costs, please attach a breakdown of hourly/daily costs and number of staff.
	* Applications must include supporting evidence to be eligible for funding *

8. Other funding

DECLARATION

Data protection The information provided to the Council for the purpose of applying for funding will be held securely by the Council at all times. The Council may share the information with:

- external agencies and the wider public to ensure that the project is delivered successfully.
- other grant-making bodies to identify and prevent fraud.
- other organisations, if required to do so by law.

You and the Council agree to comply with applicable data protection legislation.

The council's privacy notice can be viewed online at www.hythetc.kentparishes.gov.uk/policies

By submitting this form, you agree to the following:

- You and the organisation you represent will comply with the requirements in this application and the attached Hythe Town Council Grant Policy and Conditions. This includes maintaining records of how the grant was spent (i.e. invoices and receipts) which must be made available to the Council upon request. You confirm that the funding will be spent as detailed in this application or returned to Hythe Town Council. You also confirm that you are entitled to apply on behalf of the organisation specified above. Hythe Town Council reserves the right to request the return of the grant if these terms and conditions are breached,
- if your application is successful, you will send a completed Project Update form to Hythe Town Council as soon as your project is completed or within six months of receiving the grant

Please indicate whether you have anything to declare under Clause 34 of the Ts & Cs and, if yes, show evidence thereof by attaching separate documentation

You undertake to the Council that you have obtained all the necessary planning, licensing, permissions, insurance, and other consents as may be required for your project and that these are in place or will be in place prior to the commencement of the project.

By submitting this application, I confirm that I have read and agree to the above declaration and that I will comply in every respect with the 2019/20 Grants Policy <u>Terms and Conditions</u> (please indicate:)

Type Name:	Date:
Please send the completed form to the To	own Clerk. Contact details; <u>clerk@hythe-tc.gov.uk</u>

PART B: F& GP Co To be completed by the	
Members of the Councille Please see below for o	cil should declare any interests that fall under the following categories. definitions ¹ : Please tick if applicable
a) disclosable pecuniab) other significant intec) voluntary announce	
Officer before approvi	eclared either a DPI or an OSI should check with the Council's Monitoring ng the grant. Members should also ensure that the award of this grant uncilor's Code of Conduct'. Please refer to the Council's Monitoring Officer for
Applicant Name:	
Alignment with corporate objectives	Appearance Matters
Member decision on the proposal:	Amount approved. £
Signed:	
Date:	

- (a) A member with a disclosable pecuniary interest (DPI) must declare the nature as well as the existence of any such interest and the agenda item(s) to which it relates must be stated. A member who declares a DPI in relation to any item must leave the meeting for that item (unless a relevant dispensation has been granted).
- (b) A member with another significant interest (OSI) under the local code of conduct relating to this grant must declare the nature as well as the existence of any such interest. A member who declares an OSI in relation to any item will need to remove him/herself from the public gallery before the debate and not vote on that item (unless a relevant dispensation has been granted). However, prior to leaving, the member may address the meeting in the same way that a member of the public may do so.
- (c) Members may make voluntary announcements of other interests which are not required to be disclosed under (a) and (b). These are announcements made for transparency reasons alone, such as:
- membership of outside bodies that have made representations on agenda items, or
- where a member knows a person involved, but does not have a close association with that person, or
- where an item would affect the well-being of a member, relative, close associate, employer, etc. but not his/her financial position.

Voluntary announcements do not prevent the member from participating or voting on the relevant item.

¹ Explanation as to different levels of interest

Please email the completed form to clerk@hythe-tc.gov.uk or post/deliver to Julie Abbott, Town Clerk, Oaklands, 1 Stade Street, Hythe, Kent. CT21 6BG

HYTHE TOWN COUNCIL GRANT APPLICATION - ProjectUpdate Form



Please send this completed form to the Town Clerk as soon as your project is completed or within six months of receiving your grant whichever is earlier.

GRANT REFERENCE NUMBER (Decision Number):		
APPLICANT NAME:		
ORGANISATION:		
PROJECT NAME:		
AMOUNT OF GRANT AWARDED:		
PROJECT COMPLETION DATE (actual or expected):		
	of the grant was and	
Please confirm whather the whole c		ant as described on the application form?
Please confirm whether the whole of	or the grant was spe	ent as described on the application form?
Please confirm whether the whole of	YES or NO	ent as described on the application form? (If no, please provide details)
Please confirm whether the whole of	-	
Please confirm whether the whole of	-	
	YES or NO	
	YES or NO	(If no, please provide details)
	YES or NO	(If no, please provide details)
	YES or NO	(If no, please provide details)
	YES or NO	(If no, please provide details)
How well and in what ways did your	YES or NO project or activity b	(If no, please provide details) enefit the local community? (Max 200 words)
How well and in what ways did your	YES or NO project or activity b	(If no, please provide details)
How well and in what ways did your How did you publicise the Grant sup	YES or NO project or activity b	(If no, please provide details) enefit the local community? (Max 200 words)
How well and in what ways did your How did you publicise the Grant sup	YES or NO project or activity b	(If no, please provide details) enefit the local community? (Max 200 words)
How well and in what ways did your How did you publicise the Grant sup	YES or NO project or activity b	(If no, please provide details) enefit the local community? (Max 200 words)

How important was the Grant to your project? (Max 200 words)
Please email the completed form to the Town Clerk. Email; clerk@hythe-tc.gov.uk