



# Shipston on Stour Town Council

**Does your organisation need grant funding?**

**Shipston on Stour Town Council may be able to help.**

**Complete the form below and return to the address shown.**

## GRANT APPLICATION FORM

### **Shipston-on-Stour Town Council Community Grant Application Form**

Please fill in all sections in black ink. Should you wish to expand on a question, please enclose additional information on separate sheets, stating which question the additional information refers to. Only one project per application. Please ensure that the declaration at the end of the application form is signed and dated. Grants are subject to the Town Council's Community Grants Policy and any additional conditions imposed by the Council in making the grant.

***Closing date for applications 31<sup>st</sup> October 2026.***

When completed please return this application form to:

The Town Clerk, Shipston-on-Stour Town Council, New Clark House, West Street, Shipston-on-Stour, Warwickshire. CV36 4HD

Telephone: 01608 662180

Email: [enquiries@shipstontowncouncil.org](mailto:enquiries@shipstontowncouncil.org)

### **1. Your organisation's contact details**

Name of organisation \_\_\_\_\_

Contact name \_\_\_\_\_

Position in organisation \_\_\_\_\_

Address for correspondence \_\_\_\_\_

\_\_\_\_\_

Telephone number(s) day \_\_\_\_\_

Email address \_\_\_\_\_

**2. Details of organisation**

Brief description of your organisation's aims \_\_\_\_\_  
\_\_\_\_\_

How long has it been in existence? \_\_\_\_\_

Is it run by a committee? \_\_\_\_\_ If yes, how many committee members? \_\_\_\_\_

Can anyone join? \_\_\_\_\_

If not, what are the restrictions? \_\_\_\_\_

How often do you meet? \_\_\_\_\_

Where are meetings held? \_\_\_\_\_

Are they public meetings? \_\_\_\_\_

How many members do you have? \_\_\_\_\_

What percentage of members live in the Shipston-on-Stour Town Council area? \_\_\_\_\_

**3. Organisation's purpose**

Please give a summary of the activities of your organisation during the last year. (If you are a new organisation, give an idea of the activities you wish to undertake).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the local community will benefit from your organisation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any individual groups or societies that are members of your organisation, if so please mention.

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**4. About the project**

Please give brief details of your proposed project; what you wish to use any grant awarded for; and what amount you are requesting from the Council.

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What is the total project cost? \_\_\_\_\_

Have you received or applied for funding from any other source for this project? Please give details.

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**5. Financial details**

Have you, or do you receive funding from other sources and if so who?

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Please supply accounts, budget and constitution or terms of reference, as per guidance notes, section 4.

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If you have previously received a grant from Shipston-on-Stour Town Council, please give details.

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Please provide the following bank details should the application be granted

Name of Account \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_

**Please complete the following declaration.**

I declare that the information given in this 5 page form is correct and if the application is successful, agree to adhere to the conditions laid out in the Shipston-on-Stour Town Council's Community Grants Policy.

On behalf of (insert name of organisation)

\_\_\_\_\_

I accept the conditions in the Shipston-on-Stour Town Council's Community Grants Policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position in organisation \_\_\_\_\_

If the person signing this form is under 18, an adult organisation member must countersign it.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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For office use only

Date received \_\_\_\_\_

Reference number \_\_\_\_\_

**Please note completion of this form does not necessarily mean that a grant application will be successful in part or whole. The Town Council may wish to add additional conditions to any grant offer.**