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| Queen’s Platinum Jubilee Fund **Application Form** |  |

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| **Applicant** | **Group/Organisation** |
| **Name:** | **Name:** |
| **Address:**  **Post code:** | **Address:**  **Post code:** |
| **Tel:** | **Tel:** |
| **Email:** | **Email:** |
| **Position:** | **Web:** |
| **Please give a brief description of your group/organisation.** | |
|  | |
| **What is the status of your group/organisation? (Tick all that apply)** | |
| ⃞ Local Charity Charity Number: ………………………………… ⃞ Social Enterprise  ⃞ Constituted Voluntary and Community Organisation  ⃞ Other, please specify: …………………………………………………………………………………… | |
| **Please describe the project/activities that you plan to use your grant for.** | |
|  | |
| **Who will be the main beneficiaries of the activity/project? Please give numbers, ages.** | |
|  | |
| **When and where will the project/activity take place?** | |
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Please state how much money you need for your project and what it will be used for**.** If you can recover the Value Added Tax (VAT) you must only show the net amount.

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| **Items of expenditure (include all costs of the project)** | **Cost** |
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|  |  |
|  |  |
|  |  |
| **Total** |  |

Please list all contributions towards your costs, including any cash, grants, donations, and your own resources.

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| --- | --- | --- |
| **All sources of funding** | **Current Status**  **(secured or pending)** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | |  |

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| --- | --- |
| **Amount that you are requesting** |  |

I confirm that to the best of my knowledge and belief that all the information provided is true and correct. I understand that Blyth Town Council reserves the right to recover all or part of any grant award in the event of non-compliance with the terms of the grant.

I confirm that all relevant documentation has been provided and that the group/organisation is adequately covered for all liabilities from the running of the activity/project.

I accept that Blyth Town Council, its partners, agents or employees are not liable for any costs, losses or damages incurred as a direct result of the activity or project taking place.

Pleases attach evidence that you have completed an Event Notification Form and Road Closure Form and that permission has been granted from Northumberland County Council.

**SIGNATURE**: …………………………….…… **NAME** (Please print): ………………….…………….

**DATE**: …………………………………………..

Upon completion please return this application form, with evidence of your application for a road closure and event notification to Blyth Town Council by:

Posting to: Blyth Town Council, Arms Evertyne House, Quay Road, Blyth, NE24 2AS or

Email to: [Info@blythtowncouncil.org.uk](mailto:Info@blythtowncouncil.org.uk)

Once your fully completed application has been received we will notify you of when your application has been considered.

**DATA PROTECTION**

Application forms and any information submitted to support an application will be held on file as follows before being destroyed:

Successful applicants - for five years following the year in which the grant was awarded.

Unsuccessful applicants - until the approval of the minutes of the meeting which declined the application.

The new general data protection regulations (GDPR) require individuals to consent that their data can be held by, in this case, the Town Council and this will be used for Community Grant purposes only. By signing this form, you are giving your consent for your data to be held.