

**Lichfield City Council**

**Grants to Organisations - Application Form**

Particular weight will be given to those applications for projects/activities where funding can be awarded via the appropriate legislation and demonstrate one or more of the following community benefits (listed in no particular order)

1. address issues around the cost-of-living crisis.

2. tackle climate change and support actions towards achieving net zero.

3. promote inclusivity across the City (e.g. benefit disadvantaged and marginalised groups).

4. support and meet the needs of young people.

If you wish to apply for reduced rate/free use of any LCC facilities, please contact the Town Clerk in the first instance: [enquiries@lichfield.gov.uk](mailto:enquiries@lichfield.gov.uk) with the subject heading ‘Grant Request’.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details for Your Organisation** | | | |
| Name of Organisation | |  | |
| Contact Person | Name |  | |
|  | Position |  | |
|  | Address |  | |
|  | Post Code |  | |
|  | Telephone |  | |
|  | Email |  | |
| **About your organisation** | | | |
| Briefly describe the role of your organisation and the work it undertakes for the benefit of the residents of the City of Lichfield. (Maximum 400 Words)    If you believe completing this section within the word limit would be detrimental to your application, please contact the City Council for further guidance.  NB  \*Applications are only eligible from organisations whose work is of benefit to the residents of Lichfield City.  \*It is preferred that organisations applying have been in existence for at least 12 months | |  | |
| **Tell us who benefits from the work of your organisation** | | | |
| How many residents of Lichfield City are members of your organisation? | |  | |
| Approximately how many citizens of Lichfield City benefit directly from the services of your organisation? | |  | |
| Tell us about the grant you are seeking | |  | |
| Do you pay a subscription or franchise fee to a higher body outside Lichfield? | | **Yes/No**  If Yes, please provide details of the Higher Body together with the annual amount paid. | |
| How much grant are you seeking? | | **£** | |
| Give itemised and specific details of the purpose for which the grant is required, with financial details of the proposed scheme and/or funding requirement. | |  | |
| Give details of any grants received from other sources in the past 2 years (date and amount of grant) | |  | |
| Where did you find out about the grants available from the City Council? | |  | |
| **Financial Details** | | | |
| Please give the name (i.e., the payee) of the bank account to which any grant awarded should be made payable | |  | |
| Please supply Bank details of the account to which any grant awarded should be paid. | | **Account Name** |  |
| **Sort Code** |  |
| **Account Number** |  |

**Financial Summary**

*All applicants must complete the form below to provide a short financial statement of their organisation's accounts which includes details of all balances held****.***

***PLEASE DO NOT SUBMIT AUDITED ACCOUNTS***

**Name of Organisation:**

**Receipts and Payments for the year ending :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RECEIPTS** | **Amount** |  | **PAYMENTS** | **Amount** |
| **Subscriptions** |  |  | **Employees** |  |
| **Donations** |  |  | **Professional fees** |  |
| **Grant aid** |  |  | **Volunteers' expenses** |  |
| **Fundraising events (give details)** |  |  | **Energy charges** |  |
|  |  |  | **Rent/Rates** |  |
|  |  |  | **Equipment** |  |
|  |  |  | **Telephone/postage** |  |
|  |  |  | **Insurance** |  |
| **Other (give details)** |  |  | **Other (give details)** |  |
| **3. TOTAL RECEIPTS** |  |  | **6. TOTAL PAYMENTS** |  |
| **4. Opening Balance at / /** |  |  | **7. Closing Balance at / /** |  |
| **5. Total of box 3 + box 4** |  |  | **8. Total of box 6 + box 7** |  |

***NOTE:***

*1. The total in box 5 should be the same as the total in box 8.*

*2. The date given in box 7 should be the same as the date for the ‘year ending’ as detailed above*

**DECLARATION**

*I declare that the information given on this Application Form is true to the best of my knowledge and belief.*

*Please tick this box to confirm you have read the City Council’s Grant Award policy.*

A copy of the policy can be obtained from the City Council offices, by email to enquiries@lichfield.gov.uk or downloaded from our website at <https://www.lichfield.gov.uk/Grants_1191.aspx>.

*Signed:*

*Position in Organisation:*

*Date:*

***Completed forms should be returned by XXXXXXXX to:***

***Lichfield City Council***

***Donegal House***

***Bore Street***

***Lichfield***

***WS13 6LU***

***Or email:*** [***administration@lichfield.gov.uk***](file:///\\LCC-DC\Public\__FILES\COMMITTEES\4%20-%20Grants%20Committee%20-%20NPIWP%20MERGE\2023\3%20-%2013%20July\administration@lichfield.gov.uk)