



## Newport Festival 2010 Events and Activities Community Fund

### APPLICATION FORM

**SECTION A:            About your Organisation**

**1. Organisation Details**

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Tel no (day)</b>	
<b>Tel no (eve)</b>	
<b>Email address</b>	

**2. Contact details (Person authorised to make application on behalf of organisation)**

<b>Name</b>	
<b>Position</b>	
<b>Address (if different to above)</b>	
<b>Postcode</b>	
<b>Tel no (day)</b>	
<b>Tel no (eve)</b>	
<b>Email address</b>	

**3. Organisation Status**

Registered Charity    
 Company Limited By Guarantee    
 Other    
 Registered No.

**If other, please specify:**



**SECTION B: About your Project**

**4. What is the title/name of your event/activity**

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**5. Project Details**

Location of the event/activity

Dates for the event/activity

Number of people organising the event/activity

Number of people actively participating in the event/activity

Number of people who will enjoy the event/activity as a spectator

Number of groups/organisations involved


**6. Briefly describe your event/activity**

Use the space below to explain the purpose of your event.

You should consider the following points:

- Who will take part in – organising the event, participating in the event, attending the event as a spectator. How will you help people to take part in the event/activity?
- Why the event/activity is needed to make the community a better place to live
- How you will promote the event/activity to others so that everyone feels included and involved?



7. Which of the selection criteria does your event meet and explain why.

8. Which other individuals and organisations are you working with? Tell us who and how you have consulted others to make sure people are fully involved with the project and that you have taken account of the work of other groups.

**SECTION C: Funding the activity**

**9. Financial Details**

How much will this project cost in total?	£
How much are you requesting from us?	£
Balance of the project cost	£
Where is the balance coming from?	

What will the grant funding be spent on:

Please provide details of any other funding you have applied for to support this activity. (for information only)

Name of grant	Value	Successful



## 10. Financial Requirement

All organisations that receive a grant from us must have a bank or building society account in the name of the organisation.

Do you meet the financial requirement above?

YES

NO

Do you have a Management Committee?

YES

NO

Name of Chairperson:

\_\_\_\_\_

Name of Treasurer:

\_\_\_\_\_

NB. If successful, you will need to sign to agree to comply with the monitoring and evaluation criteria.



**SECTION D: Bank / Building Society Details**

Please provide details of your bank account or bank account details of the organisation that is prepared to administer any monies on your behalf.

Organisation Name on Account

Bank / Building Society Name

Bank / Building Society Address

Sort Code  Account Number

Building society roll number (if applicable)

Please give the names of two bank signatories and their positions for your organisation or the organisation that is supporting you.

1. Name  Position

2. Name  Position

**Declaration:**

I have read the grant scheme conditions and declare that the information in this application and associated supporting documentation is correct. I further declare that the proposed project is necessary and would benefit the residents within the defined community. I understand that monitoring and verification of all statements and claims made in this application will occur and that the grant may become repayable should any of the information or claims prove to be false.

Signed  Date

Name in Block Capitals

On Behalf Of

Please return this form to:

Community Grants Officer, Room 204, Newport City Council, Civic Centre, NP20 4UR

Applications can be submitted via email; however a hard copy with signatures will also be required. Please refer to the Grant criteria for further details on how to do this.